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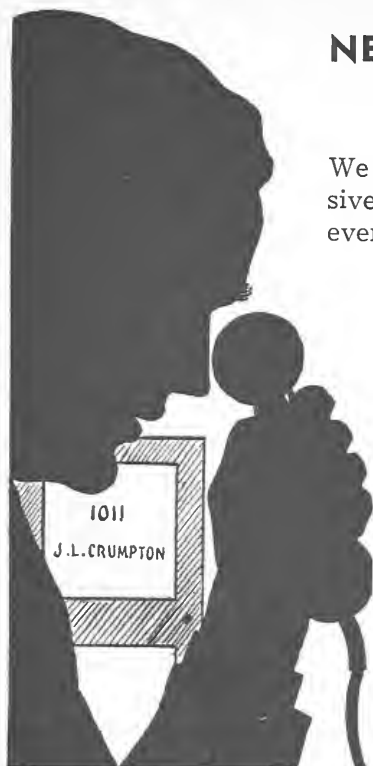
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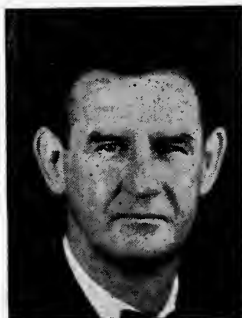
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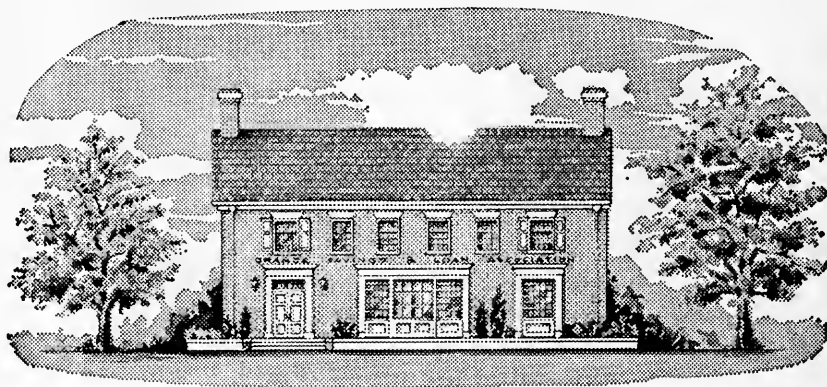
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THE BULLETIN

OF THE SCHOOL OF MEDICINE
OF THE UNIVERSITY OF NORTH CAROLINA

Published in cooperation with the Whitehead Medical Society
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Our New Dean

Our new Dean is Dr. Isaac M. Taylor. The vital facts of his personal and academic life are impressive credentials indeed. More impressive, however, is the fact that Dr. Taylor has proven himself to be an able and sympathetic physician, an excellent teacher of medicine, and a competent investigator. Moreover, in his efforts during the past two years in the difficult area of planning for expansion of the medical center facilities, he has exhibited the administrative capacities which stamp him as a genuinely versatile individual. The Dean of the Medical School, after all, is many things to many men, and Dr. Taylor follows in the footsteps of one who has fulfilled that role with courage, energy and perspicacity.

We of the faculty know Dr. Taylor well as one of our own. We believe that his appointment as Dean assures the university and the state of continued wise and progressive leadership in the School of Medicine.



DEAN ISAAC M. TAYLOR

A Decade of Ob-Gyn at UNC

by ROBERT A. ROSS, M.D.*

The first staff appointments resulted from a fortuitous circumstance that brought Doctor Deborah Cushing Leary to Chapel Hill with her husband Doctor Lou Welt, the distinguished career professor in the Department of Medicine. A scholarly background, solid training, academic experience at Yale, Columbia and the National Foundation assured her competence; innate courtesy, rigid integrity and ineffable love for human beings were manifest in her daily contact with students and patients. Her death in 1957 saddened the academic community and left the Deborah Leary Award a tangible memorial. Doctor Leonard Palumbo was on the staff at Duke. In some fashion by some odd disparities, he had acquired seven athletic letters in track, including undergraduate, medical school and residency years, plus a year as a First Lieutenant in the Army Medical Corps! More to the point, he was a member of Phi Beta Kappa and A.O.A., possessed a mathematician's mind and was greatly interested in student and resident teaching and patient care. All of these latter talents have contributed greatly to our programme. Doctor Charlie Flowers, a native of Zebulon, graduated from the Citadel, attended this institution and graduated from Hopkins. At Citadel he was one of the top ranking cadets, graduating with academic and highest military honors, but the much lamented fact is that this was much later than the rendezvous on Johnson Island when the corp of cadets fired on the "Star of the West" and when the fanatical Virginian, Edmund Ruffin, pulled the lanyard on Fort Sumter. Graduation from Hopkins was followed by residency training there and later a faculty position at the Downstate Branch of the State University of New York.

The return of this native was welcomed. His prodigious effort in independent investigations and participation in state, regional and national matters of scientific import have brought personal recognition and enhancement of our school. His interest in teaching and care of patients complements other qualities and fulfills a total obligation implicit in a doctor teacher. Doctor Hugh Hill of Greensboro, a Davidson College and Hopkins graduate, was with us for several years before going to Florida where he is now Assistant Dean of Student Affairs and Associate Professor. He made a definite and happy contribution to our growth. Doctor Luther Talbert, Hampden Sydney and University of Virginia graduate, joined the Department in 1958. In addition to duty in the Navy, he had a year each in medicine and physiology before completing his residency at Charlottesville. Doctor Talbert is carrying out fundamental investigation concerning blood clotting factors in pregnancy, female sex endocrinology and clinical research in cancer in the female pelvis. He enjoys reciprocal aid from the Departments of Pediatrics and Medicine as well as the basic science facul-

The Editorial Committee was kindly obliged by Dr. Ross in the preparation of this Departmental Review article. It is one of a series concerned with the past and current activities and personnel of the various departments in the Medical School.

* Dr. Ross is Chairman of the Department of Obstetrics and Gynecology, U.N.C. School of Medicine.

ties. Doctor Stark Wolkoff joined our staff in 1959. A long service in the tank corps delayed his entry into Hahneman Medical College. Internship at Blockley and residency at Louisville were followed by an appointment to the staff of Downstate, New York. A national fellowship with Barron at Yale furthered his interest and gave foundation to his fundamental research in placental function and gas exchange and transportation through the placenta. This complements nicely our endeavor to learn more concerning the biology of human reproduction.

It is heartening, and a point, that all see patients two days a week and rotate night call duty in addition to research, teaching and staff patient supervision. All eagerly await the return of Doctor Bill Easterling, one of our own, who completed his fellowship in female endocrinology and steroid chemistry at U.C.L.A. and joined our full time faculty on July 1, 1964. Doctor Hugh Shingleton, who served as Cancer Fellow and Chief Resident, has been to Oak Ridge and now gives help in the needful division of "cancer." These additions to our staff will allow the functioning of special clinics in female endocrinology, complications of pregnancy, and fertility in addition to cancer. All should be resoundingly welcomed.

The part time clinical staff and their local institutions have made a real contribution to our total effort. Since 1954, we have enjoyed a mutually profitable resident exchange with the Jersey City Margaret Hague Maternity Hospital where for six months one of our house staff is in residence. This large, well run center, being in a metropolitan area under the excellent supervision of Doctor Joseph Donnelly's staff, gives added competence and perhaps urbanity! Their exchange residents are superbly trained obstetricians and profit especially by experience in the large tumor clinic here, some going to Lenoir County Hospital with Doctors Fleming Fuller and Sam Parker and some to Lumberton with Doctors Hugh McAllister and Jack Mohr for still another helpful experience. Lumberton also has aided in our student teaching, the students being sent for brief periods to see and participate in deliveries. Doctors Easley, Pearse and Graham in Durham have offered every possible help, and we have accepted Watts Hospital residents and have sent residents to Doctor Gunter in pathology. One noteworthy difference in Doctor Gunter's service is that our residents are on his budget! Recently, we have sponsored the Wake County Memorial Hospital in a successful effort to obtain approval for a three year residency programme. We have furnished residents and have accepted their residents for training here. This hospital should be a real addition to North Carolina's resident training program. Doctor John Robert Kernodle, his associates and Doctor Edward C. Sutton from Burlington; Art Summerlin, Courtney Egerton, Tom Greer, Annie Louise and Lou Wilkerson and the staff at Wake County; Jack Kirkland of Wilson; Bill Allen of Pinehurst; Harvey Adams of Asheboro; Dick Boyd of Statesville; Ben Gold of Rocky Mount; Leonard Woodall of Smithfield; "Pete" Powell, Bill Weinell and Sig Bear of Wilmington; Bob Brame of Winston-Salem; Jim Burrus of Shelby, Joe Baggett of Fayetteville; Talbot Parker of Goldsboro; Bennett LaPrade of Kinston; Ernest Brown of Lumberton, and Joe Swanton of Garner attend at regular intervals our weekly grand rounds on Wednesday afternoon. Certainly this is one of our most informative exercises. Doctor James Donnelly, in the State Board of Health, conducts perinatal mortality discussions once a week. He also gives valuable aid in our joint maternal and perinatal mortality statistical study.

The matter of patients and teaching opportunities has not been one of our problems. Indeed, there were sixty prenatal patients in our complex while we still had offices in Miller Hall. With the kind indulgence of Doctor Hedgpeth and Doctor Fred Patterson, these patients were followed, and our friends at Duke gave us every privilege and aid at delivery. With the activation of Memorial Hospital in September 1952, our problems were not met. Doctor Tom Barnett, while writing in a recent *Bulletin*, mentioned that the first patient to enter the outpatient clinic was a pregnant female at term. Simply registering her did not alter the course of labor and she was taken to Duke for delivery. Another early emergency situation was only partially met but was financially rewarding to the hospital. This patient made it only to the grass plot back of the emergency entrance where a precipitous labor was attended beneath the shade of the tree. The patient returned to Chatham after the business officer suggested that the family at least pay "green fee." The first delivery in the hospital (NCMH 04-26) occurred at 8:10 P.M., September 20, 1952 in one of the operating rooms. The mother and infant were placed on 3 West effecting a combined rooming in and camping out arrangement. The delivery rooms were activated January 13th, 1953, 4-M February 22nd and 5-M October 19, 1953. There must have been many frustrations, irritations and stupid acts, but somehow if these did occur, they cannot be recalled. Spontaneous sympathetic thought and action by hospital administrators, staff nurses, anesthesia and operating room people certainly outweighed any patient or staff inconvenience.

Whether or not we have in some measure fulfilled our teaching obligation can be answered, certainly in part, by comparing National Board Examination performance: fewer failures, more honors than the national average. Adequate house staff training is evidenced by number and calibre of applicants and their later uniform success with the specialty board. Research endeavor, grants received, publications, et cetera are documented in the annual reports which are read by at least one person in our department.

The patient population, out and in, private and staff, does have some geographic, ethnic and socio-economic fascination beyond that of being sick, needing and receiving care, and does reflect opportunities for aid and purposeful endeavor. Last year (1963) there were 15,094 outpatient visits, 7,684 staff and 7,410 private. The weekly tumor clinic averages thirty-five patients. There were 1,229 deliveries, 348 private and 881 staff. Of the staff patients there were approximately one hundred student wives; of the remaining 781 staff patients, 594 were non-white. A real opportunity for service was present in the group of 222 registered unmarried pregnant females, of whom 195 were non-white, and in the 63 patients who had abortions, 35 of whom were non-white. Our social service worker has performed in magnificent fashion. There were 777 gynecologic operations performed, 518 being staff patients. The problem of management of our patients with cancer is an exacting one. Approximately 50 per cent of the total yearly tumor clinic represents cancer in the female pelvis. Of the total hospital admissions, cancer accounts for 10.5 per cent; of this total 24 per cent were on our service. Stated another way, 42 per cent of all gynecologic admissions were for some form of pre-invasive or invasive malignancy. This figure is not too remarkable when you consider that at the present time there are only two facilities in our state that can offer complete therapy for all people.

No one complains or should complain of the exacting opportunity to treat

(Continued on page 36)



Miss Mittie Pickard, now winding up her 50th year with the U.N.C. School of Medicine was honored recently by a reception at the Medical School. The first woman to be hired by the School and it's first technician, she has, since her retirement in 1959, from the pathology laboratory, been in charge of the eye pathology and surgical research laboratory.

Mittie E. Pickard Loan Fund in Medical Technology

A loan fund for medical technology students at the School of Medicine is being established by the initial gift of an anonymous donor in honor of "Miss Mittie". Contributions may be directed to the Medical Foundation of N. C., Inc., 302 South Building, Chapel Hill, N. C. Contributors should specify that their gifts are for the Pickard Loan Fund.

A Conflict

by ROBERT ZEPPA, M.D.

This article represents a major portion of the remarks made by Dr. Robert Zeppa, Associate Professor of Surgery at U.N.C., to the graduating class of 1964.

In medicine, we often hear of a schizoid conflict said to rage endlessly between the science of medicine and the art of medicine. In this context, the art of medicine frequently implies the practice of medicine with *particular* reference to diagnosis and therapy. An intelligent layman might ask with real perplexity, "Is this possible?" The answer seems to be "Yes, this conflict is said to exist." Think back a few short weeks to the parody on postgraduate education so skillfully performed by your classmates, Rose and Wooten, in their *delightful* analog of "The Music Man." I refer, of course, to the refrain, "don't know the territory." The implication seems clear, medical educators are not aware of the needs of the practicing physicians. In the vernacular of "The Music Man" a particular generalist might peruse the curricular notice describing a two- or three-day postgraduate course and comment, "Man, I don't dig that DNA jazz. What's with those ivory-tower eggheads?" "When the first- and second-year students at Rush Medical College were transferred to the University campus (Chicago) in 1901," reported Professor C. J. Herrick recently, "many of them were unhappy about it and uncooperative. They were not interested in science but in practice and they resented any exercise that had no obvious practical application. When they were taking Professor Lillie's course in embryology, they made noisy protests when required to study developing hens' eggs. We are not going to practice obstetrics on hens, they wailed." Do you detect any familiar refrains here? And are there any of you who will deny the contributions of embryology to our understanding and, in some cases, the control of congenital defects?

During my student days, many of us uttered similar asininities when presented with information concerning, for example, chromosome counts in drosophila. Today's chromosome counts are on people in addition to fruit flies and are *important* diagnostic tools for the evaluation of certain conditions. Illustrations of this sort can be presented ad nauseam; they are so numerous. What do they mean? Well, within the framework of our previous definition, it seems clear that we have at least two major direction vectors associated with the corpus of knowledge which constitutes medicine. In addition, it has been interpreted by many that these vectors are opposed, in effect then there is a conflict within the body of knowledge we call medicine. As you well know, this conflict is most frequently referred to as the opposition of the practical versus the theoretical aspects of medicine or again, the art versus the science of medicine.

Let us examine these opponents individually in the hope that we may bring some peace to this quarrel or indeed, even to find if there exists instead merely a large smoke screen with a remarkable capacity to hide a skeleton or two.

First, the vector we call the art of medicine. This art of healing was described some years ago by Dana Atchley as "the skillful and creative dispens-

ing of any type of relief to the sick of body or heart. Like all the arts, it can be measured only in terms of the inspiration which it evokes." The lay press has indicated recently, and with increasing vigor, that some decades ago the public had great warmth for the physician who sat up all night with little sister as she died from pneumonia. But today when he comes, gives her an injection of an antibiotic, and she recovers, he may be subject to criticism. I think we all recognize this problem; the physician of generations past had so little that he was able to do that he put major emphasis on *those* interpersonal relationships which are so vital in patient care. They are no less vital today. Even though there may be less time to devote to the humanistic aspects of medical practice, yet if the physician feels compassion its depth and integrity will establish a mood that calms and re-assures almost wordlessly but with full conviction. Further, to disregard the emotional aspects of little sister's illness is just as unscientific as to disregard the antibiotics. As Francis Peabody pointed out in his classic monograph "The Care of the Patient," "the practice of medicine is an intensely personal matter. While the treatment of disease may be entirely impersonal, the care of the patient must be entirely personal." From this brief unilateral consideration of the first vector, there are certainly no overt reasons for the conflict which has been described.

Let us then consider the other. Science is contributing to medical knowledge so rapidly that it is difficult to handle. It not only teaches the physician how to analyze and integrate his facts but has developed an extraordinary battery of methods for the detailed and accurate detection of those facts. The structure of the body as altered by disease has become recognizable in a great number of conditions. Appraisal of various body functions has attained a high degree of completeness by the contributions of chemistry and by the development of complicated physical apparatus. When a physician of today completes a careful diagnostic study under the best auspices, he has a broadly inclusive and fairly accurate series of data concerning his patient. While there are still serious gaps in his knowledge, the proportion of known to unknown has reached a reasonably comfortable ratio in most cases. The pathological areas may be clearly defined and the functions almost satisfactorily estimated. The enormity of this achievement may be appreciated in perspective through the realization that coarctation of the aorta was first successfully repaired some 16 years ago; open-heart surgery is but 10 years old; and organ transplantation has occurred during your medical school days. *Thus*, it is evident that this second vector is remarkably aggressive in the time dimension; but there seems to be no indication of an important directional difficulty except, of course, as it disrupts the stronghold of ignorance.

Taken individually and examined even so briefly as to quality, neither the healing art nor the science of healing appear to have opposite direction. There are no implications to suggest mutual exclusion. Perhaps if we examine them side by side, some indication of their at least imagined repulsive forces may become manifest. In so doing, we must remember that the art of healing is as old as recorded history and probably stems from man's rather basic urge to heal and comfort his neighbor. The ailing are highly susceptible to the art of the healer, regardless of his methods. These methods have been remarkably varied and have invoked the entire spectrum of man's faith and his superstitions. They have included the valid and sound as well as the dishonest and harmful. A richly endowed human being in the role of healer can offer his ailing fellow man an extraordinary amount of relief though he may have no comprehension

of the disease processes involved. This very lack of knowledge evokes an authoritarian approach which intelligent patients, skeptical in other areas, welcome in their healer. These gifts that the healer may bring while in complete ignorance of the basic processes are impressive. Appropriately applied, they create faith and they work miracles. On the other hand, the increasing contributions of science have led to at least some *real* knowledge of what is occurring in the sick person. The physician need no longer discourage questions from his patients or to speak *ex cathedra*. He gladly explains those areas which he understands with a self-confidence that permits him to face his ignorance of other areas (Atchley).

At this point, we may have uncovered one of two sources of conflict between these vectors, which I believe to exist. The first is the neglect of the doctor-scientist for the appropriate devotion to those impressive gifts of the healer which I have previously remarked. They *must* be cultivated despite our inability to measure them except in subjective terms. If I may quote again from Dr. Peabody's monograph, which by the way was written in 1927: "Disease in man is never the same as disease in an experimental animal, for in man the disease at once affects and is affected by what we call emotional life. Thus the physician who attempts to take care of a patient while he neglects this factor is as unscientific as the investigator who neglects to control all the conditions that may affect his experiment. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is*in caring for the patient." Dr. Peabody was a wise man. This neglect should never exist. Yet mind you it is a problem of omission, hopefully easily correctible.

The second source of conflict is to my mind by far the most deadly. It involves the abrogation of individual responsibility which perhaps reflects a failure of our educational system. There seems to be at least an element of truth in the old adage that the direction in which education starts a man will determine his future life. The denial of responsibility to which I refer, of course, is the failure to continue to accumulate, catalog, and use the data which in turn continues to accumulate rapidly in the body of medical knowledge. This should be a labor of love, but labor nonetheless. It is possible that such desertion from the responsibility of perpetual scholarship is related to our attitudes of ease and easiness which have become governing principles of life in our society. As John Gardner has written, "We have a praiseworthy desire to reduce the hardships facing anyone and everyone, and we pursue this goal through innumerable public and private channels." Whatever the reason may be, I submit to you that these failures in the acceptance of this responsibility *are* recognized and the titers of guilt in those souls thereby raised. How else can one explain such phrases as "You're getting too scientific for me" or more specifically "What does the practice of medicine have to do with those enzymes?" Yes, it is far easier to speak *ex cathedra* without benefit of understanding, to murmur, for example, encouraging words to the mother of a jaundiced child who has a disorder of galactose metabolism which you don't even suspect. The you of course is figurative, I know that all of *you* would recognize this in a flash. But once your formal education is completed, the pressures will be on. They will come from all aspects of our society including unfortunately some of your colleagues. These pressures for the most part will tend to divert you from your responsibility to yourself and your patients, that
(Continued on page 22)

The Department of Medical Illustration

by A. C. WEBSTER*

The Department of Medical Illustration of the University of North Carolina School of Medicine and the North Carolina Memorial Hospital was first established in 1952 with a single full-



time photographer. In 1953, a part-time graphic artist was added and two years later, a full-time graphic artist joined the staff. Since the appointment of a director in 1958, the department has continued to expand in its activities and personnel; forty-one scientific exhibits have been prepared during the past six years.

The development of the department in this institution bears an interesting parallel to the progress of medical illustration in general. The medical artist combines artistic skills and techniques of creative art and applies them to the

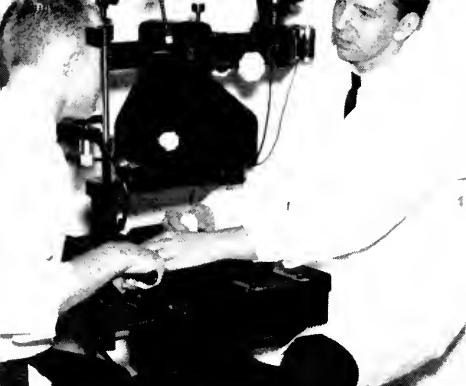
many uses of the medical sciences. From the broad realm of photography, the medical photographer has applied technical knowledge, equipment and skill to meet similar needs.

The media of art and photography are closely related since they both deal with depth, perspective and form, and in many areas of medical illustration they complement one another with great effectiveness.

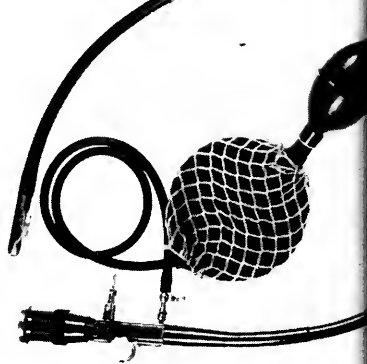
The function of medical art in medical photography is to present scientific and educational material in the form of drawings, graphic illustrations, and photography which is clear, concise and informative. These materials aid in the search into the mysteries of human biology and the diseases of man. The medical artist and the medical illustrator perform their work with the inspiration and conviction that their contributions to progress in the medical sciences are indeed significant.

Illustrations from the department are shown on the following pages.

* Mr. Webster is director of the Department of Medical Illustration at U.N.C.

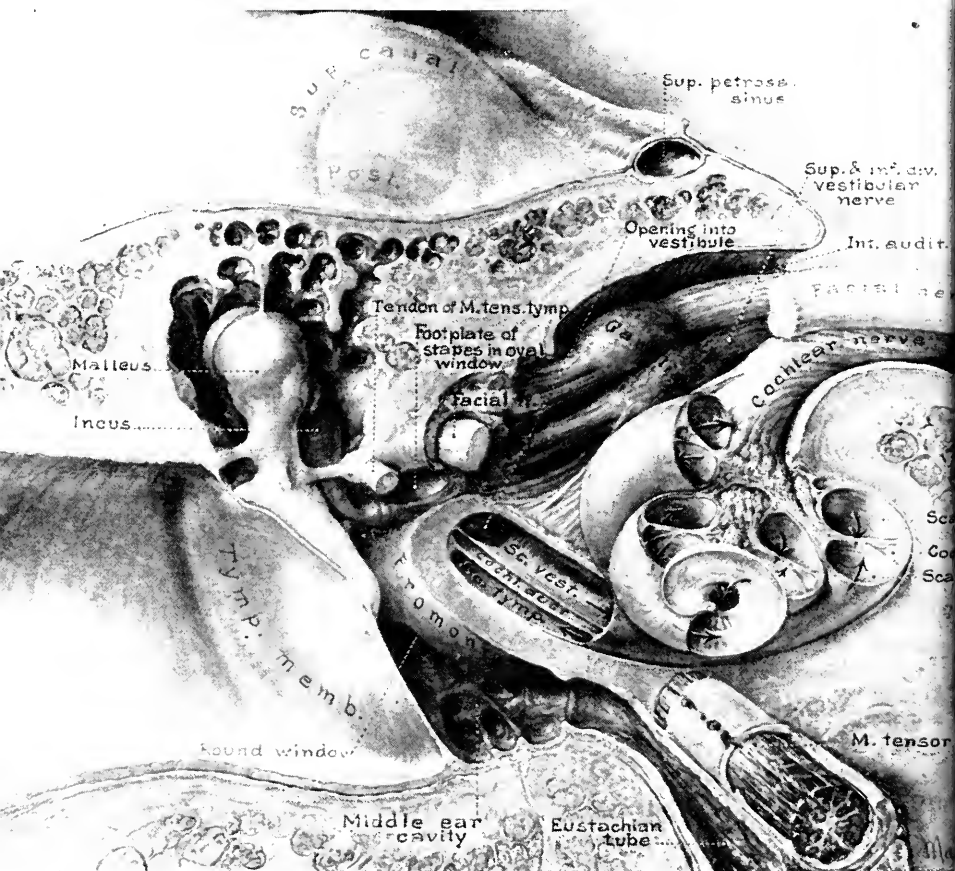


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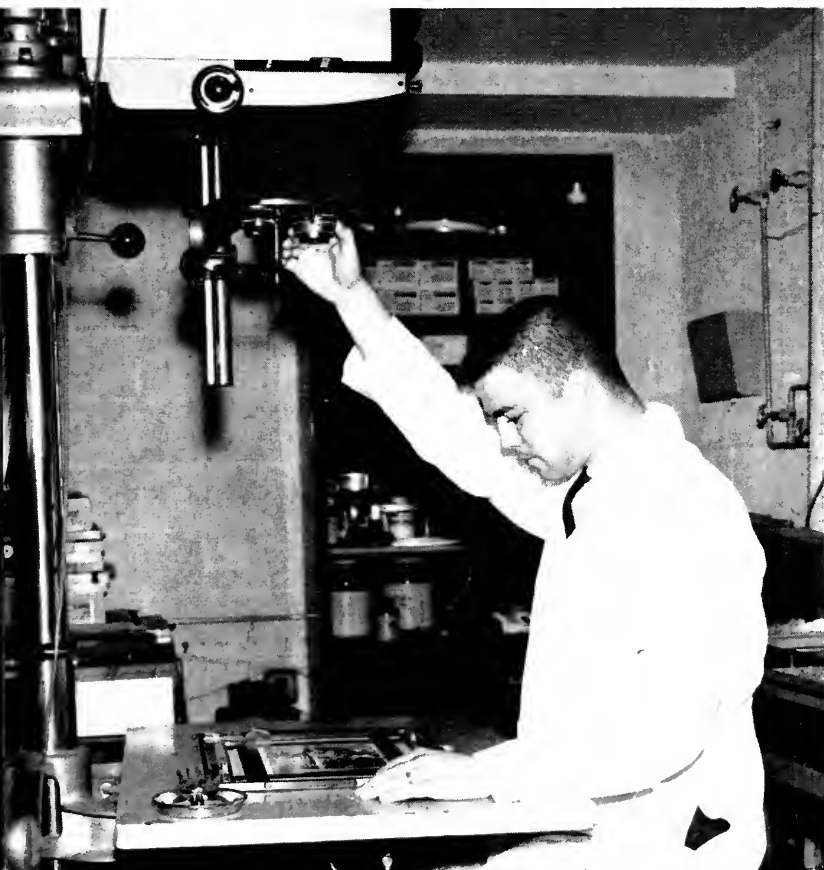
Half-tone drawing by Max Braedel.





Etching published in 1812 and hand-colored in the books.

Photographic assistant, working in the dark room.



A Conflict

(Continued from page 18)

of being a perpetual student. I think you will recognize now why I believe that this is the greater of the two problems of conflict. The first may involve the fault of the impersonal therapy of a disease without the mellowing strength of compassion while the second may bring *only* compassion to the battle with the inexorable progress of an undiagnosed illness.

As we have considered the body of medical knowledge albeit superficially, it is also apparent that no conflict exists within its dimensions. The conflicts are among us, the custodians of this knowledge. They arise from our failures to accept *all* the responsibilities demanded by this profession. These responsibilities require on the one hand that we possess a devoted concern for humanity and on the other, that we subscribe to the fellowship of educated men. This latter is not an easy task as I intimated previously but it should be your delight. "The test and the use of a man's education is that he finds pleasure in the exercise of his mind." This was written by that renowned scholar and educator Jaques Barzun. I can only wish you God's speed on your future intellectual journeys and wish you a great deal of *such* pleasure.

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Eycoth, Edward Doy	North Carolina State	Charlotte
Fensch, George William	Univ. of North Carolina	Raleigh
Fanchard, Lucius	Univ. of North Carolina	Ahoskie
Fogden, Robert Lindsey	Univ. of North Carolina	Fayetteville, N. Y.
Funnell, James Edwin	St. Andrews College	Barium Springs
Gumpbell, Lorin Scott	Univ. of North Carolina	Chapel Hill
Gavenaugh, Herbert Roscoe, Jr.	Univ. of North Carolina	Wilmington
Goleman, Philip Divoll, Jr.	Univ. of North Carolina	Greenville
Graig, Isaac Alan	Univ. of North Carolina	Lenoir
G Davidson, Alan, III	Dartmouth College	New Bern
Grake, James Edwin	Univ. of North Carolina	Charlotte
Grezor, Michael Douglas	Mass. Inst. of Technology	Salisbury
Griedman, Matthew Roy	Univ. of North Carolina	New York, N. Y.
Gurner, Richard Lamont	Univ. of North Carolina	Asheville
Golden, Terry Donald	Univ. of North Carolina	Raleigh
Gray, Allan Walmsley	Univ. of North Carolina	Southern Pines
Griffin, Joseph Waldo, Jr.	Univ. of North Carolina	Williamston
Growthmey, Frank Winston	Univ. of Virginia	Wilmington
Gall, Lynous Willard	Shaw University	Raleigh
Gancock, William Franklin, Jr.	Univ. of North Carolina	Robbins
Garris, Samuel Ranchor	Univ. of North Carolina	Thomasville
Genderson, Hoke Frederick, Jr.	Yale University	Elkin
Genley, Thomas Ladd	Cornell University	New York, N. Y.
Goward, James Starkey, III	Columbia University	Raleigh
Gones, Robert Brooke	Univ. of North Carolina	Greensboro
Gryner, Ronald Freeman	Univ. of North Carolina	Ahoskie
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W. L. W.



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Lowry, Roy Frank, Jr.	Univ. of North Carolina	Jackson
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Shearin, Robert Bruce	North Carolina State	Raleigh
Straughn, William Ringgold, III	Univ. of North Carolina	Chapel Hill
Stretcher, George Stewart	Univ. of North Carolina	Waynesville
Teachey, William Swain	Univ. of North Carolina	Rose Hill
Thomas, Robert Goodwin	Duke University	Charlotte
Thompson, Herman Ora, Jr.	Univ. of North Carolina	Chapel Hill
Tucker, Frank Charles, Jr.	North Carolina State	Charlotte
Vanderberry, Robert Carroll, Jr.	Univ. of North Carolina	Ahoskie
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Williams, Roberta Gay	Duke University	Rocky Mount
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Presenting the Faculty

DR. THOMAS WOHLSEN FARMER

Dr. Thomas W. Farmer, Professor of Neurologic Medicine and Acting Chairman of the Department of Medicine, joined the faculty of the University of North Carolina in 1952. Dr. Farmer, a native of Lancaster, Pennsylvania,



attended Harvard College where he received the AB Degree and the Duke University Graduate School where he was awarded the MA Degree in 1937. He attended the Harvard Medical School from 1937 to 1941. After receiving his Medical Degree he interned at the Pennsylvania Hospital and trained in Neurology and Medicine at the Harvard Neurological Unit, Boston City Hospital and at the Johns Hopkins Hospital.

During the Second World War, Dr. Farmer served as a Medical Officer in the United States Navy from 1944 to 1946. He is certified both by the American Board of Psychiatry and Neurology in Neurology, and by the American Board of Internal Medicine. Dr. Farmer has held academic positions at the Johns Hopkins Medical School and at the Southwestern Medical School of Texas prior to coming to the University of North Carolina. He has been a councillor of the American Neurological Association during the past two years and has been active in many other professional organizations for many years.

His research interests include investigations in virus infections of the central nervous system, physiology of human striated muscle, and hereditary familial cerebellar disease. In 1957 he was awarded a special fellowship by the National Institutes of Health for research at the Institute of Neurophysiology, Copenhagen, Denmark. Dr. Farmer has been a member of the Neurological Science Research Training Committee of the National Institute of Neurological Diseases and Blindness for seven years. He is the author of many papers on Neurological subjects and is the editor of the textbook, *Pediatric Neurology*, just published in which he has written several chapters.

Dr. Farmer is married to the former Phyllis McCormick of Maine and they have a daughter, Pamela, currently a student at Mount Holyoke College in Massachusetts and a son, Thomas Wohlsein Jr., who is a student at the Chapel Hill High School.

Presenting the Faculty

DR. CHARLES E. FLOWERS

A six-day series of lectures at medical schools in Australia, talks with family planning officials in India and a visit in Paris with an internationally famous specialist in natural childbirth are all on a busy agenda for Dr. Charles Flowers during a globe-circling tour beginning this month.

Dr. Flowers, professor of obstetrics and gynecology at the UNC School of Medicine, will spend two weeks at West Coast medical schools before leaving for Australia.

He has been invited by the Royal College of Obstetrics and Gynecology in Australia to participate in symposia in Sidney, Melbourne and Adelaide. He will report on the use of the newer agents in oral contraceptive pills for the treatment of certain medical problems of women.

On Oct. 29, Dr. Flowers will be the guest speaker in Bangkok, Thailand, at a meeting of the Bangkok Society of Obstetricians and Gynecologists.

He will spend three days lecturing at the post-graduate medical school in Calcutta, India, in early November before moving on to New Delhi for conferences with India's minister of health, the director of India's family planning and Ford Foundation officials working in India on family planning. He also will visit the two medical schools in New Delhi.

Talks with medical students and a television interview are on the schedule in Cairo. He will report at the University of Cairo on techniques used here to encourage the use of birth control pills among lower socio-economic women.

In mid-November, Dr. Flowers will visit in Paris with Dr. Pierre Vellay, world authority on natural childbirth.

The trip abroad will end in London on Nov. 20 at a meeting with representatives of G. D. Searle Co., international pharmaceutical firm which will finance the lecture tour.

Dr. Flowers is a native of Zebulon and has been on the UNC medical faculty since 1953.

He is a consultant to the National Institutes of Health, a member of the Central Contraceptive Advisory Committee of the International Planned Parenthood Association and a past president of the United Cerebral Palsy of North Carolina.



Presenting the Faculty

DR. KENNETH M. BRINKHOUS

The International Committee for Haemostasis and Thrombosis, comprising members from 15 countries, has elected Dr. Kenneth M. Brinkhous as its new chairman.

The election was held during the annual meeting in Amsterdam, Holland. Dr. Brinkhous succeeds Dr. Fritz Koller of Switzerland.

Dr. Brinkhous is professor and chairman of the Department of Pathology.

The international group, known prior to this year as the International Committee for the Nomenclature of Blood Clotting Factors, is concerned with problems in the field of blood clotting and bleeding diseases.

Dr. Brinkhous also was recently elected co-chairman of the Medical and Scientific Council of the World Federation of Hemophilia. This group held its second international meeting in Amsterdam.

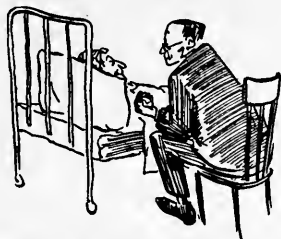


BOOK OF ALUMNUS REVIEWED*

Color Atlas of Anterior Segment Eye Diseases. By Ira A. Abrahamson, Jr., M.D., New York, McGraw-Hill Book Co., 1964. 154 pages, 672 illustrations in color, selected references, index.

Dr. Abrahamson, Jr. (UNC Med. '46) has presented us with a beautifully illustrated color atlas of diseases of the anterior segment of the eye. This book is an outgrowth of an exhibit on ocular diseases the author presented in 1961 in Ohio. These diseases are illustrated by photographs of patients from the author's practice. They are well reproduced and depict each condition with great clarity. The diagnosis is placed beneath each photograph for ease of identification and saves annoying referral to a distant text that is a failing of some other atlases. The text has been kept to a minimum. The author covers not only the common ocular diseases and surgical conditions but also eye manifestations of both common and rare systemic diseases. Because these diseases of the anterior ocular segment are easily observed in clinical practice without the need of special equipment, this atlas will prove to be of benefit to the beginner, the non-ophthalmologic specialist, the general practitioner, as well as the oculist.

* Dr. Abrahamson's book was reviewed by Dr. G. T. Kiffney, Jr., Associate Professor of Surgery (Ophthalmology), U.N.C. School of Medicine.



ALUMNI NEWS ITEMS

CLASS OF 1916

EUGENE P. PENDERGRASS, 400 Spruce Street, Philadelphia 4, Pa., has been presented an honorary Doctor of Science degree by Hahnemann Medical College. Dr. Pendergrass is an emeritus faculty member at the University of Pennsylvania School of Medicine.

CLASS OF 1940

HENRY C. GUYNES, 2836 Glenbrook Drive, Garland, Texas. Does anesthesiology in association with Dr. F. D. Baird. He received his M.D. degree at Tulane, did his internship at Lou Baptist Hospital, New Orleans, La., and his residency at the University of Texas Medical Branch, John Lealy Hospital, Galveston, Texas. A Fellow of the American College of Anesthesiology, he is eligible for Board Certification. A member of the First Baptist Church, he is in the choir. He and his wife, Jessie Mae, have three children, Nancy, 19; Martin, 15; and Calvina, 12. Sports are among his chief recreational activities.

FRENCH H. McCAIN, 628 North Woodward Ave., Birmingham, Michigan. Does Internal Medicine. Postgraduate training was done at the University Hospitals of Cleveland. He and his wife, Ann, have four children, Melinda, 18; Julie, 16; Holly, 13; and Douglas, 11.

SAMUEL WRIGHT, 117 Llanfair

Road, Ardmore, Pa. Does General Psychiatry and Psychoanalysis. Postgraduate training was done at the Hospital of the University of Pennsylvania and Pennsylvania Hospital, both in Philadelphia, Pa. He and his wife, Frances, have three children, Scott H., 19; William E., 17; and Elissa C., 11. He is a charter member of the Academy of Religion and Mental Health. Golf, bridge, boating and spectator sports are his favorite recreational activities. Re: trips taken, he inquires, "Have you ever been to Hanover, N. H. in Feb.? Well, I was this year for Freshman Father's week-end where Scott is in Pre-Med. Twenty below zero is foreign enough for me! Only other trips have been to Canada on a couple of occasions."

CLASS OF 1941

LOIS FRAYSER, 1651 Medical Dental Building, Seattle, Washington. Received her M.D. degree at Michigan, February, 1943; postgraduate training was done at Johns Hopkins, University of Chicago, Roosevelt of New York College (Allergy) and the University of Virginia (allergy). Does Internal Medicine, sub-specializing in Allergies. She is a Diplomate of the American Board of Internal Medicine and Assistant Clinical Professor of Medicine at the University of Washington. Gardening is her chief recreational interest.

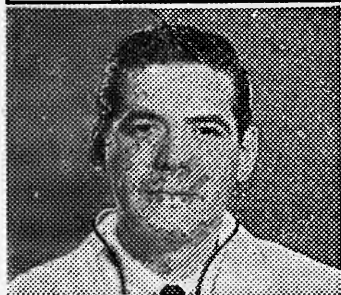
JOHN T. STEGALL, 310 Davie Avenue, Statesville, N. C. Does gen-

eral practice in partnership with Dr. Harry G. Walker, UNC Med '47. Post-graduate training was done at the Medical College of Virginia, Watts Hospital and New York Polyclinic. A Deacon of the First Baptist Church, he is a member of the Board of Trustees of the N. C. Baptist Children's Homes and was Exchangite of the Year, National Exchange Clubs, 1958. He and his wife, Sadie Preslar, have two children, Rickey, age 15; and Susan, age 13. For recreation, he swims, gardens, and collects clocks and glassware.

CLASS OF 1942

LOUIS D. HAYMAN, JR., 406 Carmen Avenue, Jacksonville, N. C. Does Internal Medicine. A Diplomat of the American Board of Internal Medicine in 1954, he was Vice-Presi-

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nt of the Whitehead Society in Medical School. He and his wife, Carol Bessent, have two children: Richard Louis, age 16; and Susan Carol, age 13. He was Church Lay leader of the Trinity Methodist Church and teaches an Adult Class in Sunday School. He is Medical Chairman of the Disaster Committee, Onslow County Red Cross Area Medical representative and a member of the North Carolina Heart Association. In 1962, he was named Outstanding Community Man of the Year by the Ycees of Jacksonville, N. C. Salt water fishing is his favorite recreational interest. His "travels abroad" were during World War II.

Indicating what a wonderful time everyone had at the twentieth reunion of his class last year, he urges the holding of class reunions every five years.

Editor's Note: We understand that a book of poetry, written by Carol, Louis' wife, has been published recently.

JOHN F. LYNCH, JR., 624 Quaker Lane, High Point, N. C. Does Pediatrics in partnership with Drs. J. B. Geddie, UNC Med '19, and John L. Bridgers. Postgraduate training was done at St. Louis Children's Hospital and Philadelphia Children's Hospital. A member of the Presbyterian Church and the Rotary Club, he is certified by the American Board of Pediatrics and the American Academy of Pediatrics. He and his wife, Betty Simmons, have four children, John F., III, Logan, Thomas S., and Sally. In 1961, he toured Europe with his wife.

JOHN B. McDEVITT, 250 E. 73rd Street, New York 28, New York. Does private practice in Psychoanalysis and Psychiatry. Postgraduate training was done at Menninger Foundation School of Psychiatry and New York Psychoanalytic Institute. He has two chil-

dren, Dana, 18 and Lindsay, 16. For other activities, he lists: 1) Research, Child Study Center, Yale University School of Medicine. 2) Consultant, Child Psychiatry, Community Service Society, New York City. 3) Teaching, New York School of Social Work, New York City, N. Y. For recreation, he enjoys chamber music, photography, and antiques.

JOHN HAMILTON MILLER, Box 551, Bartow, Florida. Does general practice in partnership with Drs. Thomas M. Coswall and Paul E. Coury. He served an internship at the U.S. Naval Hospital at Jacksonville, Florida, and an assistant residency in surgery at the C. W. Long Memorial Hospital at Atlanta, Ga. A member of the Kiwanis Club and the Associate Reform Presbyterian Church at Bartow, he enjoys record collecting. He and his wife Betty Kennedy, have one son, John Kennedy. He writes that he was pleased to find most of those attending the Twentieth Class Reunion to be in a generally excellent "State of Preservation."

CLASS OF 1943-M

JOHN R. CHAMBLISS, Rocky Mount, North Carolina. Practices Internal Medicine as a member of a group. Postgraduate training was done at Boston City Hospital, and Lakeside Hospital in Cleveland. A member of the American Board of Internal Medicine and a Fellow of the American College of Physicians, he enjoys hunting, fishing and skeet shooting.

DAVID SANFORD CITRON, 1900 Brunswick Avenue, Charlotte, N. C. Does Internal Medicine in the Charlotte Medical Clinic in association with a group of doctors, two of whom are U.N.C. alumni, Drs. Raymond Wheeler, UNC Med '41, and Marvin McCall, UNC Med '56. Postgraduate training was done at Barnes

Hospital, St. Louis, Mo. Vice-president of Temple Israel in Charlotte and President of the P.T.A. of Sedgfield Junior High School, he is a member of the A.O.A., Diplomate of the American Board of Internal Medicine and Associate of the A.C.P. He and his wife, Doris, have four children, Michael, 15; Dennis, 13; Lynn, 9; and Steven, 6. Golf is his favorite recreational pastime.

GEORGE M. COOPER, 201 Bryan Bldg., Raleigh, N. C. Does a solo E.N.T. practice and is a Clinical Instructor in Otolaryngology at U.N.C. He received his M.D. degree at the University of Virginia, served his internship at Good Samaritan in Cincinnati and his residency at the University of Virginia. He is an elder of the First Presbyterian Church and a member of the West Raleigh Rotary Club. He and his wife, Louise, have one son, George Marion, III, age 7. Photography and "slicing golf balls" are his chief recreational interests. He was Raleigh Camera Club "Color Photographer of the Year"—1962.

CLASS OF 1943-D

J. H. ALLEN, 1324 S. Fairway Terr., Springfield, Mo. Has done general surgery with the Smith-Glynn-Callaway Clinic for the past ten years. Postgraduate training was done at Barnes Hospital in St. Louis, Mo. He is a Diplomate of the American Board of Surgery, President of the Staff of Springfield Baptist Hospital, 1963, a board member of St. Paul's Methodist Church and past-President of Springfield Rod and Gun Club. He and his wife, Frances Fisher, have three children, Jerry H., III, 16; Janice, 13; and Eugene, 11. "An annual 'float' on an Ozark stream" he reports as his chief recreational activity. As an Army officer, he helped survey Hiroshima after the atomic bombing.

DOUGLAS H. CLARK, Lumberton, North Carolina. Does general surgery. Postgraduate training was done at the Medical College of Virginia and Shreveport Charity Hospital. An Elder of the First Presbyterian Church and Chairman of the Board of Education, he is a member of the American Board of Surgery, American College of Surgeons, Southeastern Surgical Congress and the N. C. Surgical Assoc. He and his wife, Carolyn Jordan, have four children, Douglas, Jr., 14; Spencer, 12; Jordan, 8; and Mary Jo, 6. He golfs and hunts for recreation.

HUGH DORTCH, JR., 281 Cordova Road, West Palm Beach, Florida. He is a Pathologist and the County Medical Examiner. Postgraduate training was done at Duke University Hospital. Vice-President of the Sk Club of the Palm Beaches, he enjoys water skiing and flying. He and his wife, Joyce Whitfield, have two children, Betty, age 16; and Dan, age 13.

JOSEPH BAYLOR HENNINGER, 652 Davie Avenue, Statesville, N. C. Practices Internal Medicine, solo. Postgraduate training was done at Northwestern University (M.D. '45). Harper Hospital in Detroit, White Cross in Columbia, Ohio, and Charlotte Memorial in Charlotte, N. C. Chief of Staff of Iredell Memorial Hospital, 1960-62, he is a member of the Exchange Club, the J.C.'s ("until aged out"), past Steward of the Methodist Church and Director of the local chapter of A.R.C. and the Chamber of Commerce. He and his wife, Carol, have four children, Judy, 14; Josh, 13; Jim, 11; and Jane, 8. Golf, houseboating, and spectator sports are his main recreational activities.

CLASS OF 1944

ROBERT J. ANDREWS, 113 South Live Oak Parkway, Wilmington, North Carolina. Does general

practice in partnership with Dr. William C. Mebane, UNC Med '30, Dr. R. T. Sincliar, Dr. Helen W. Johnson and Dr. P. F. Yates. Postgraduate training was done at Emergency Hospital, Washington, D. C. He and his wife, Mary Leila, have three children, Jack (Robert J., Jr.), Kayren, 5; and Bill, 3 weeks. A deacon of Temple Baptist Church, he is a Sunday School teacher, member of the Kiwanis Club—Boys and Girls Committee, Medical Representative of Heart Chapter, Board of Directors of New Hanover Cancer Society, and President of the Medical Staff of Cape Fear Memorial Hospital. Among his recreational interests, he enjoys swimming in the Atlantic Ocean and photography. Trips taken: Brazil and South America, December, 1960. The trip was won by his wife on "Price Is Right" T.V. Program.

JOHN VINCENT AREY, 197 Lake Concord Road, Concord, North Carolina. Does Ob-Gyn in association with Drs. John R. Ashe, Jr. and David B. Crosland, UNC Med '58. Postgraduate training was done at Duke. He and his wife, Laurabel, have five children. Elizabeth Ann, 15; John, Jr., 14; Alice, 11; Timothy, 8; and David, 5. He is a Sunday School teacher and Chairman of the Board of Stewards of the Methodist Church.

JUNIUS W. DAVIS, JR., Box 110, New Bern, North Carolina. Does Pediatrics. Postgraduate training was done at Episcopal Hospital in Philadelphia, Duke Hospital, Hospital of University of Pennsylvania, and Children's Hospital in Philadelphia. He is President of the Men of Christ Church (the layman's league of Christ Episcopal Church, New Bern), a Diplomat of the American Board of Pediatrics and a member of F.A.A.P. He and his wife, Emma Katie Guion, have two children, William Blount Rodman, 11; and Margaret Gordon, 8.

He is Pediatric Consultant of Camp Sea Gull and Camp Seafarer, Arapahoe, N. C.

H. LEE FARNHARDT, 2301 Fall Hill Avenue, Fredericksburg, Va. Does obstetrics and gynecology in partnership with Gordon W. Jones, M.D. Postgraduate training was done at Medical College of Virginia Hospitals. He and his wife, Louise, have three children: Ann Elizabeth, 16; Edward Lee, age 11; and Eric Michael, age 9. He is an active member of the Methodist Church and has been a member of the official board for the past four years. For recreation, he enjoys golf and some occasional fishing.

CARROLL HOYT LIPPARD, 119 Linden Ave., Lynchburg, Virginia. Does Ob-Gyn in partnership with Dr. William L. Driskill. He served an internship at the University of Pennsylvania Hospital, 1946-47; one year of Pathology at L.S.U. Medical School, 1949-50; 3 years Ob-Gyn Residency at University of Pennsylvania Hospital, 1950-53. He and his wife, Sally Ford, have four children, Leslie, 15; Ann, 13; Robert, 10; and Margaret, 8. A member of the Holy Trinity Lutheran Church, he is President of the Lynchburg Tennis Patrons Association. Tennis is his favorite recreational interest. In 1961, he went to Vienna and presented a paper at the Third World Congress of Obstetrics and Gynecology.

CLASS OF 1954

DR. WILLIAM G. THURMAN, Department of Pediatrics, Tulane Medical School, New Orleans, La., has been appointed Chairman of the Department of Pediatrics and first incumbent of the Benjamin Armistead Shepherd Chair at the University of Virginia. He assumed these posts on July 1.

Pictures In Medicine

While we in medicine may agree that one picture can be worth many words, we surely do not take sufficient advantage of this fact in clinical practice and teaching. There are many situations where pictures may form a very useful part of the clinical history; for example, the study of sequential pictures of a patient who presents with suggestive features of Cushing's syndrome. Photographs of specific lesions may serve far better than memory or recorded words. Dermatologists, ophthalmologists, and plastic surgeons, perhaps more than other specialties, make extensive and effective use of pictures. Photomicrographs of histologic lesions provide an opportunity for clinicopathologic correlation and are widely used in the medical literature, but generally see little service in day-to-day practice and teaching.

Elsewhere in this issue is a brief article about the department of medical illustration which functions in the university hospital and the School of Medicine at Chapel Hill. This organization makes a distinctive and very meaningful contribution to the educational, service and research efforts of the institution.

A Decade of Ob-Gyn

(Continued from page 14)

and teach implicit in our profession. There must be disquietude, some agitation, mild discontent, anything short of professional disobedience in the compelling urge to do better. Intelligent understanding is not the complete cure for personnel, space strictures and unpredictable communications, but it helps.

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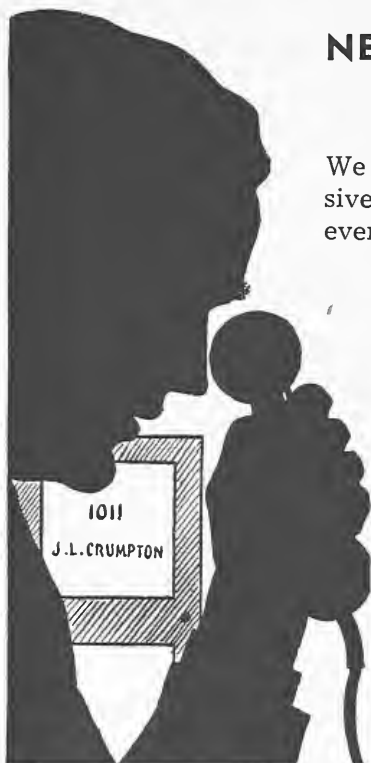
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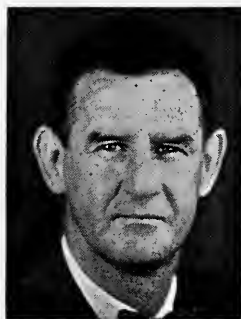
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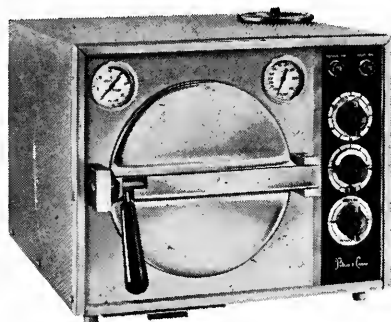
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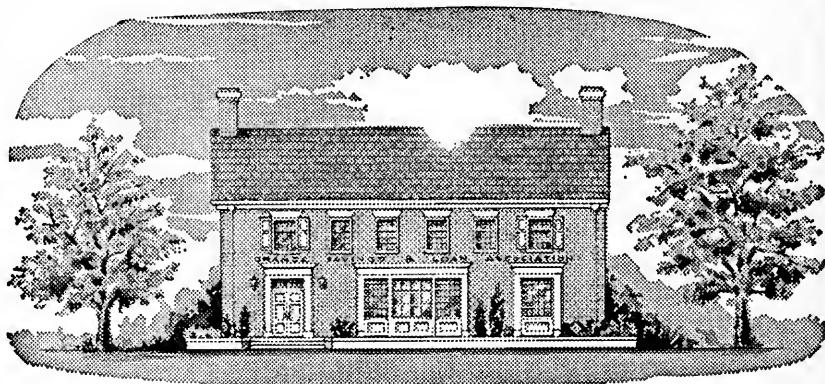
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OF THE SCHOOL OF MEDICINE
OF THE UNIVERSITY OF NORTH CAROLINA

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A Message from the Dean



DEAN ISAAC M. TAYLOR

In this my first message as Dean I want to express for myself and for all of us connected with the School of Medicine deep appreciation for the immeasurable contribution made to our School by Walter Reece Berryhill. As student, teacher, administrator, physician-doctor in the broadest sense of the word—Dr. Berryhill is inseparably identified with this School and University. Happily, his counsel and leadership are still available to us; they are much needed.

We stand at the beginning of a new era in the life of the School. Years of dedicated effort have brought the Medical Center to a position of prominence at all levels of medical education and in medical service to the people of our State. Competent, enthusiastic students, a dedicated staff, and a distinguished faculty work here in an atmosphere of recognized accomplishment and future promise. The tradition of excellence is ours and our present responsibility is to go forward with that tradition.

Our greatest need in the School is space—space for teaching, space for patient care, space for research. The Basic Science departments are housed in not much more than the original MacNider Hall in spite of tremendously increased teaching and research responsibilities. The Clinical Departments have required increasing personnel through increasing teaching and service responsibilities and essentially no more space is available now than was provided when

the Hospital opened in 1952. The Hospital itself is full. Outpatient and emergency room visits continue to increase and Hospital occupancy is near 90%. Waiting lists for admissions and outpatient appointments are lengthening. Substantial relief for many aspects of the Hospital's operation will come with completion of the Ambulant Patient Facility two and one-half years hence, but little increase in bed capacity will be realized at this stage. Application has been made for an appropriation by the 1965 General Assembly for construction of a major addition to the Basic Science departments and there is strong expectation of support from the United States Public Health Service. It is essential for the future of the School that favorable action by the 1965 General Assembly be taken for the Basic Science project. Beyond that we will in the near future require funds for remodeling MacNider Hall and Hospital areas and for addition of beds to the North Carolina Memorial Hospital. With these facilities, we shall be able to increase the size of the medical class to 100 students.

Almost weekly, opportunities for expanded educational, service and research programs present themselves. These result from the vitality and success of existing programs. If the School is to grow to meet its responsibilities, ways must be found to provide space required for these new and expanded programs.

The curriculum in the School of Medicine will soon receive long overdue review. In the twelve years since our present curriculum was established no major changes have been considered. Advances in medical education in this period require curriculum study and revision. Our planned program of capital improvements makes it imperative that we address ourselves to this task at the present time.

As most of you know, Miss Sarah Virginia Dunlap will leave the School at the year's end. She will be succeeded as Administrative Assistant to the Dean by Mrs. Mary R. Hamilton, who comes to us from the School of Public Health. Miss Dunlap will become Associate Secretary of the John and Mary R. Markle Foundation of New York after twenty-two years on our staff. Her contribution to this School is known to generations of students and all our faculty and staff. We may all take pride that in her future position she will continue her contribution to medical education at the national level. Her new appointment is a fitting recognition of the accomplishments of her years spent in Chapel Hill.

The promise of the future based upon our opportunities is exciting and inspiring. I am happy to have the honor to work for fulfillment of the promise, and I know the faculty can count on the continuing support of the School's alumni and friends in this great work.

ISAAC M. TAYLOR, M.D.

J. Spencer Love Memorial Founded

by DEMONT ROSEMAN*

Burlington Industries, Inc. has given \$650,000 to the University of North Carolina to help finance the first phase of a long-range, multi-million dollar expansion of N.C. Memorial Hospital.

It is the largest gift ever given to the University by a business firm and it climaxes a campaign by the Medical Foundation of North Carolina to raise \$8.4 million for an ambulant patient wing at the hospital.

The addition will be known as the J. Spencer Love Clinics in honor of J. Spencer Love, founder of Burlington Industries and chairman and president of the textile firm at the time of his death three years ago.

Construction of the new addition is scheduled to begin next spring. The five-story wing will be located on the south side of the hospital and will serve as the new entrance to the medical center.

The outpatient areas which would constitute the J. Spencer Love Clinics will include:

The ground floor (the main entrance level) will contain the reception area. On the east will be the obstetrics and gynecology clinics, the dermatology clinic, the allergy clinic and the ophthalmology clinic.

The first floor level will include the general internal medicine clinics, pediatrics clinic, psychiatry clinics and specialty clinics for neurology, gastro-

(Continued on page 27)

* Mr. Roseman is Public Information Officer of the Division of Health Affairs at U.N.C.

Photo of Charles F. Meyers, Jr., Dr. Henry T. Clark, Mrs. Spencer Love and Dr. Isaac M. Taylor. Opposite page, J. Spencer Love.







Architect's drawing of new five-story J. Spencer Love Clinics

SPENCER LOVE: A GIFT IN CHARACTER

Gift of \$650,000 by Burlington Industries to the University of North Carolina to help with financing of the first phase of a long-range, multi-million dollar expansion of North Carolina Memorial Hospital is in character.

Significantly, too, it is the largest gift ever received by the University from a business firm—and rightly it honors the name of Burlington's founder, the late J. Spencer Love whose name the five-story clinic will carry.

Spencer Love, a man with a fine social sense, loved and staunchly supported the University of North Carolina and at his death was serving as chairman of its Development Committee. His perceptiveness in committing support of the great industry he built and directed to the cause of education is exemplified in this gift both to teaching and the health of a state which long has looked to Burlington for courageous leadership in support of better living.

—from a recent *High Point Enterprise* editorial

A *Pediatric* *Clerkship*

in London, England

by R. BEVERLY RANEY, JR.



St. Mary's is a general hospital in London's West End. Pediatrically it features a Neonatal Unit and the Lewis Carroll Ward, the latter of which comprises some thirty-five medical and surgical beds, the majority being allotted to patients with medically remediable disorders. The Paediatric Unit of the Medical School is also affiliated with the Paddington Green Children's Hospital, located nearby and possessing medical and surgical wards and out-patient clinics. Other close ties exist with the Princess Louise Hospital in London and with outlying hospitals in the southern England towns of Reading and Exeter, where students taking the course in Paediatrics may spend two of their twelve weeks as a sort of junior house officer.

The students are, of course, left to their own devices as to lodging, except when serving at Reading or Exeter, during which time the hospital provides a room for a minimal fee. In London one may try to get a flat (apartment), or one may elect to live in the medical students' dormitory, Wilson House, an inexpensive and comfortable place approximately three blocks from the hospital and medical school. There is a good cafeteria in the medical school; there is also an indoor swimming pool, and the school owns some land several miles outside central London which is available for recreational purposes on Wednesday afternoons and Saturdays, weather permitting. There are several societies

Mr. R. Beverly Raney, Jr. is a fourth year student at the University of Pennsylvania Medical School and is the son of UNC's Chief of Orthopedic Surgery. During the summer he spent six weeks in a Pediatric Clerkship in London. The following article is his account of his experiences and observations there, including an interesting analysis of the British National Health Service.

within the school, both medical and non-medical: for example, the music and dramatics clubs, both of which are evidently quite active.

That medical students have time to partake of such pleasures as physical and intellectual pursuits not strictly allied with medicine is difficult for an American medical student to imagine, without knowing that the demands on one's time are generally much less for the British medical student. In choosing to do pediatrics, I unwittingly picked a firm (service) with a fairly non-rigorous schedule, compared to other firms at St. Mary's and to our services at Penn. In any case, student responsibility does not commence until 9:30 or 10:00 in the morning, and one is usually free by 4:00 or 4:15 in the afternoon, unless he decides to attend the Tutorial Lectures in Paediatrics, which are given once a week at 5:00. The students are divided into two groups, spending one-half of the twelve weeks with Dr. Oppé, Chairman of the Department, and the other half with his colleague, Dr. Cox. In each section one sees out-patients with the head of the firm or with a registrar (resident); one goes on neonatal and juvenile medical rounds at the various affiliated London hospitals; one may attend specialty clinics in pediatric surgery, otolaryngology, and dermatology; one sits in on or participates actively in a student case presentation once a week; and one has ample time, opportunity, and encouragement to go on surgical rounds at Great Ormond Street. Since there are no scheduled duties on Wednesday afternoon and all day Saturday and Sunday, one may go over to Queen's Square (where a group of us enjoyed a presentation of three neurological cases by Dr. Roger Bannister) or spend the time as he wishes.

The two weeks put in at a provincial hospital can prove to be the most demanding, but at the same time the most profitable portion of the program. At Reading I was on duty until at least midnight for three out of the five full days I spent there, and work began about an hour earlier in the morning than in London. Yet one is an integral part of the staff there, similar to the American approach, for the clerk (extern) takes the initial history, performs the physical examination with the houseman (intern) or registrar (resident), and helps with the "scut work" or filling out laboratory forms, applying tuberculin tests, and observing the patients closely. At Reading, the Royal Berkshire Hospital has a Paediatric Ward of approximately 50 beds: 21 or so for children under 2 years old, about 14 for children between 2 and 5, and around 20 for children over 5 years old. There are both medical and surgical patients in each of the three sub-wards and in the week I was there the medical and surgical admissions usually totaled 4 to 6 per day, evenly divided. I also was offered the chance to join the Chief Registrar for a morning at another Reading general hospital, the Battle, to help do routine examinations on all recent deliveries and to assist in performing exchange transfusions.

In the main, the advantages of the St. Mary's clerkship far outweighed its disadvantages. First, one of the most noticeable differences between the American and British systems of medical education is the relaxed and congenial atmosphere of the latter, compared to the often frenetic and more competitive approach of the former. After an arduous third year in Philadelphia, to be able to learn medicine for six weeks in a climate not continually charged with tension and trivial tasks was a wonderful and desirable change of pace. One had time to read up on the patients he had seen, and he could apply himself as much as he liked, with regard to becoming familiar with the literature on a particular syndrome.

I also liked very much the opportunity to go on surgical rounds at Great Ormond Street with Mr. Nixon, a warm and friendly man who was interested in teaching and good at it. Here at Penn one gets virtually no pediatric surgery (which is admittedly a somewhat specialized field) unless he indicates interest and is selected for it during his final year of training. Understandably the amount and variety of patient material at Great Ormond Street are immense.

Student case presentations, held every Friday with Dr. Shrand as commentator, were among the best academic exercises of the program. Two or three students would take a current case from one of the wards and discuss the typical history, signs and symptoms, etiology and pathogenesis, differential diagnosis, treatment, and prognosis of the disease process in question, closing with a summary of the particular patient's symptomatology, treatment, and hospital course. Afterwards the floor was open for discussion. The students worked harder on this than on any other part of the course, and the result was a uniformly good two-hour session on such problems as sickle-cell anemia, lead poisoning, leukemia, and the like.

Rounds were conducted in a manner similar to ours here in Philadelphia; usually Dr. Oppé was the leader, although the registrar was on hand when the Chief could not be present. These were teaching rounds, as a rule, although I attended work rounds as well with just Dr. Oppé and the house staff. The teaching on rounds was excellent in all respects—it combined didactic lecturing with question-and-answer exchanges and tips about physical diagnosis and roentgenogram interpretation. In fact, the teaching in all parts of the program, both in London and in Reading, was among the best I have had anywhere since I began school almost twenty years ago. Everyone who taught us was at worst interested and at best infatuated with teaching Pediatrics to medical students; the doctors' enthusiasm was infectious and their knowledge unassailable.

The men with whom I had the greatest contact were Dr. Oppé, Mr. Nixon, and Dr. Shrand. The last was head of the Home Care Unit, which was set up at St. Mary's to provide care for patients who could safely and conveniently be kept at home, thus eliminating much of the psychological trauma experienced by a young child torn from his parents and relegated to a bed in a noisy hospital, not to mention the fiscal trauma to the Government of a hospital admission. One or two students would accompany Dr. Shrand and a nurse on their morning rounds in the neighborhood, thereby obtaining an idea of the practice of home-bedside medicine and the advantages and disadvantages of the home situation on the child, his disease, and his family. Dr. Shrand, a superb teacher, also presented an informative slide-show and discussion at the end of the course on the diagnosis of disease states by simple observation, featuring such entities as malabsorptive disorders, microcephaly, various types of rash, and chromosomal and congenital defects.

There was also a first-rate seminar conducted by Dr. Oppé and an obstetrician on the problems of respiratory distress in neonates and their relation to the previous management of pregnancy and parturition.

With the above words of praise, another superlative may seem to border on the hyperbolic; nevertheless, I thought that the week spent at Reading was one of the best of the six. For here I had the most contact with patients and concern with their care. One can learn much by doing; and whereas rounds, observation at out-patient clinics, and academic discussions are valuable, a student must learn the essentials of how to obtain a careful history and per-

(Continued on page 28)



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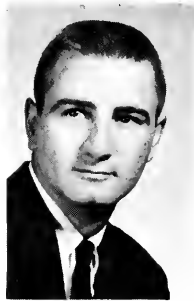
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DOCTOR JOHN R. CHAMBLISS

Dr. John R. Chambliss, a 1943 "graduate" of the University's two-year medical school, has practiced internal medicine in his native city of Rocky Mount for about 15 years. He is associated with the Boice-Willis Clinic at Park View Hospital.

Two tours of military service have interrupted his civilian career since he received his medical degree from Harvard in Sept., 1944.

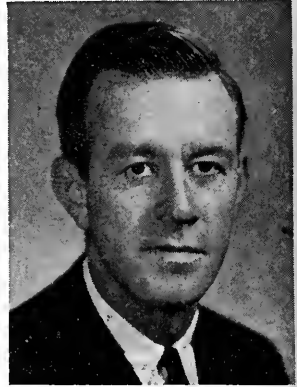
Most of the 20 months of his World War II duty with the U.S. Army was spent at Halloran General Hospital. He was recalled to active duty for eight months in 1953 and served with the Army's 171st Evacuation Hospital in Korea.

He interned before his World War II service on the Fourth (Harvard) Medical Service of Boston City Hospital. Upon discharge from the Army at the close of the war, he worked for six months in the UNC Student Health Service before returning to Boston City Hospital as first assistant resident and, later, as resident of the Fourth Medical Service.

He joined the Department of Medicine at the Boice-Willis Clinic in Rocky Mount following a one-year fellowship in cardiology at Lakeside Hospital in Cleveland, Ohio.

Dr. Chambliss is a Diplomat of the American Board of Internal Medicine, a Fellow of the American College of Physicians, president-elect of the Seaboard Medical Association and a member of the N.C. Society for Internal Medicine, AMA and the American Heart Association.

He serves as clinical associate professor of medicine in the UNC School of Medicine and is vice-president of the UNC Medical Alumni Association.



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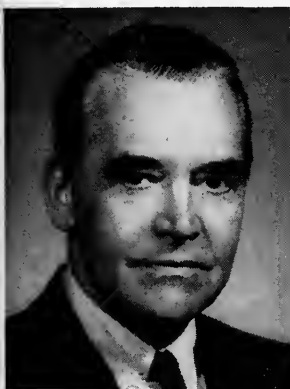
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Presenting the Alumni

DOCTOR HOWARD A. PATTERSON

Dr. Howard A. Patterson, the new president-elect of the 27,000-member American College of Surgeons, is a 1921 graduate of the University of North Carolina; he completed the University's two-year medical curriculum in 1923.



In addition to the honor of a top ACS office, he has received the organization's Distinguished Service Award. The award citation describes him as:

"A native of the Tar Heel state, transplanted to New York City, protege and assistant to a revered President, and regent of the American College of Surgeons.

"Starting in 1925 as an intern at the Roosevelt Hospital, he has ever since been on its surgical staff.

"Veteran of the Anzio Beachhead, professor at Columbia Medical School, he has taught students and a long line of surgical residents who do him great credit.

"Whether as a governor, vice president or chairman of innumerable committees, he has never failed the College when it turned to him for advice and support.

"(He is a) surgeon's surgeon, devoted teacher, superlative raconteur and faithful Fellow."

Dr. Patterson was born in Selma 62 years ago, but was reared in Chapel Hill. His father, Dr. Andrew Henry Patterson, was dean of the UNC School of Applied Science.

For three years during World War II he was chief surgeon for evacuation hospitals in Tunisia, Italy and France. He was president this year of the Surgeons' Club, consisting of surgeons who served in the Mediterranean Theatre.

Dr. Patterson today is chief of the surgical service at Roosevelt Hospital in New York City. He is clinical professor of surgery at Columbia University Medical School and is consulting surgeon to a number of New York hospitals.

He will become president of the American College of Surgeons at the annual meeting next October.

Presenting the Faculty

DOCTOR THOMAS BARNETT

Dr. Thomas Buchanan Barnett, Professor of Medicine and Head of the Division of Pulmonary Diseases in the Department of Medicine, is one of that original group who came to Chapel Hill in 1952 to help shape the growth and development of the newly-born four-year medical school. And his influence on the school, whether exerted as gentle persuasion or in the form of an occasional resounding whack to its figurative backside, has been consistently effective.



Dr. Barnett was born and reared in the middle Tennessee town of Lewisburg. He attended the University of Tennessee and, for two years, the University of Tennessee School of Medicine where he held a student fellowship in Anatomy.

In July, 1944, Dr. Barnett left medical school and joined the Rochester Branch of the Manhattan Project. He spent the next two and one-half years working on the experimental toxicology of uranium compounds and irradiation.

It should serve as encouragement to school drop-outs to note that he returned to medical school at the University of Rochester School of Medicine in 1947 and was elected to Alpha Omega Alpha. In 1949 the urge to move eastward recurred and he spent the year 1949-1950 at the Massachusetts General Hospital as a medical intern.

Dr. Barnett then returned to Rochester and the Strong Memorial Hospital for his residency. In 1951-1952, he was the Chief Resident in Medicine, and in the fall of 1952, he came to Chapel Hill as Instructor in Medicine.

In addition to serving as Head of the Division of Pulmonary Diseases, Dr. Barnett is an attending physician of the Gravelly Sanatorium and has helped maintain a close liaison between Gravelly and the Medical School.

Dr. Barnett is a member of numerous professional societies, among them being the American College of Physicians, the American Thoracic Society, the Society of the Sigma Xi, and the Southern Society of Clinical Investigation.

His research is concerned with various aspects of ventilatory control and the work of breathing as well as chronic broncho-pulmonary infections.

Dr. Barnett is the husband of the former Miss Anne Daughtry of Atlanta; they have three children, William, Susan, and Richard.

Presenting the Faculty

DOCTOR JOHN H. FERGUSON

Long-time Professor and Chairman, Department of Physiology, Dr. John H. Ferguson, was born in Scotland but was raised and attended secondary schools in South Africa. His first B.A. was obtained at the University of Capetown in 1921, but he obtained a second B.A. with Honors in Physiology and an M.A. from Oxford University, where he was a Rhodes Scholar from 1923-26. His interest in physiology and medicine led him to Harvard Medical School and an M.D. in 1928.

He has had an abiding interest in the mechanisms of blood coagulation and is widely recognized for his research in this area, which has resulted in over 130 publications. In 1957 his original alma mater, the University of Capetown, awarded him a D.Sc. for a monograph based on his research in the clotting field.

Dr. Ferguson's broad interests and training have qualified him for teaching positions in pharmacology, pathology and bacteriology, as well as physiology, and he taught at the Universities of Capetown, Harvard, Yale, Alabama, and Michigan, before assuming his present position in 1943. He holds membership in numerous professional societies and has chaired and participated in various symposia and conferences, national and international, in his area of specialization. He is a member of the Harvard University Plasma Fractionation Commission and is a former consultant to the Atomic Energy Commission.

His avocations include sea shell collecting, fishing, and playing shuffleboard. He and Mrs. Ferguson reside at 226 Glandon Drive, Chapel Hill.



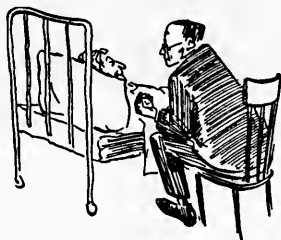
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ALUMNI NEWS ITEMS

CLASS OF 1942

HILLAND GOLD, 700 Lakeview Drive, Miami Beach, Florida. Does Urology. Postgraduate training was done at V.A. Hospital in Atlanta, Ga., Polyclinic Hospital in New York City and St. Joseph's Hospital in Lexington, Ky. After leaving New York, Feb. 1, 1963, where he was attending urologist at the Swedish and Samaritan Hospitals in Brooklyn, he is now affiliated with St. Francis on Miami Beach and is certified by the American Board of Urology. He and his wife, Edith, have two children, James, 12; and Jonathan, 9. He enjoys golf and gardening and has traveled all over Europe in the past five years.

HENRY WILLIAM HARRIS, 773 Beacom Lane, Merion Station, Pa. Has a full-time academic appointment as Professor and Chairman of the Department of Medicine, Woman's Medical College of Pennsylvania. Had an internship and assistant residency: IV Medical Service at Boston City Hospital, was a Research Fellow at Thorndike Memorial Laboratory, Boston City Hospital, and Resident in chest diseases at Bellevue Hospital. He graduated "Cum Laude" from Harvard Medical School, is certified by the American Boards of Internal Medicine and Pulmonary Disease Sub-specialty Board, was past president of the American College of Physicians, a member of the Board of Examiners: Pulmonary Disease Sub-specialty and the Board of American Board of In-

ternal Medicine. A board member of the National Tuberculosis Association, Montgomery Co. T. B. and Health Association, and the South East Pennsylvania Heart Association, he is on the Executive Committee of the P.T.A.-Marion Bonman Avenue School and a member of the Overbrook Presbyterian Church. He and his wife, Margaret Ann, have three children, Billy, 12; John, 10; and Jim, 8. Interesting trips include, Paris and London, September, 1962 and Rome, September, 1963 (both in connection with the International Union against Tuberculosis).

RICHARD E. HEDRICK, 1999 Georgia Ave., Winston-Salem, N. C. Does general surgery. Postgraduate training was done at City Hospital, Winston-Salem, N. C. He is President of Trinity Lion's Club. He and his wife, Carol, have three children, Marty, 16; Charlene, 13; and Dicky, 9. Fishing, hunting and swimming are his chief recreational interests. He is a Methodist.

JAMES D. PIVER, P. O. Box 177, Jacksonville, N. C. Does Surgery. Postgraduate training was done at Watts Hospital, Durham, North Carolina. He is a fellow of the ACS, FICS, and DABS. He and his wife, Marli, have two children, Ashley, 13; and Alexa, 10.

GEORGE W. PLONK, 706 W. King St., Kings Mountain, N. C. Does general surgery. Postgraduate training

was done at the Graduate School of the University of Pennsylvania, Lankenau Hospital. He is a member of the church council, 3rd Vice-President of the Lions Club, a Diplomate of the American Board of Surgery, and a fellow of the A.C.S. He and his wife, Margaret, have five children, Carole, 20; Peggy, 18; George, 16; Barbara, 14; and Becky, 10. He enjoys playing golf on Wednesday, Saturday, and Sunday "p.m.'s."

CHARLES PUTZEL, JR., 611 Broad Street, Selma, Alabama. Does Internal Medicine. Postgraduate training was done at Ochsner Clinic. An Elder of the First Presbyterian Church, he is a Diplomate of the American Board of Internal Medicine since 1954, and a member of the ACP Association. He and his wife, Ann Bush, have two children, Chuck (Charles L., IV); and Peggy (Margaret Bush).

I. WOODALL ROSE, JR., 202 Bryan Bldg., Raleigh, N. C. Has a solo practice in surgery. Postgraduate training was done at Union Memorial Hospital, Baltimore, Md. He and his wife, Virginia, have three children, Linda, 12; Woodall, 10; and Virginia, 6. For recreational activities, he replies, "Work!" Trips abroad—"I do well to get to Wrightsville Beach."

WILLIAM H. SHULL, 2830 Belvedere Avenue, Charlotte, N. C. Does Internal Medicine and Cardiology. Postgraduate training was done at the University of Michigan, Ann Arbor, Michigan. Certified by the American Board of Internal Medicine, 1952, he was elected a Fellow of the American College of Physicians in 1958 and is on the Board of Stewards at Myers Park Methodist Church. He and his wife, Barbara Neal, have four children, Shelly, Kathy, Betty and Billy. Golf is his chief recreational interest.

ROBERT E. SUMNER, 804 Myrtle Drive, Rock Hill, S. C. Practices Internal Medicine in partnership with Dr. F. W. Kiser of Cleveland, Ohio. Postgraduate training was done at University Hospital of Cleveland. A Deacon in the First Presbyterian Church, he was the former Chairman of the City Board of Health, and is Chairman of the York County Republican Party. Chief among his recreational interests is golf.

WILLIAM TENENBLATT, 1105 Spring St., Silver Spring, Md. Does Ob-Gyn in partnership with Dr. Liam Haim. Postgraduate training was done at Bellevue Hospital. A Diplomate of the American Board of Ob-Gyn, he is a Fellow of the American College of Obstetrics and Gynecology, Fellow of the Washington Gynecology Society and a Fellow of the Jacobi Society. He and his wife, Sally, have two children, Marian Ruth, 16; and Don Louis, 11. He enjoys golf and has toured Europe including Paris, London, Lucerne, Venice, Rome, Naples and Capri.

CLASS OF MARCH '43

ROBERT M. PACKER, JR., 301 Summit Avenue, Jenkintown, Pa. Certified by the American Board of Internal Medicine, he practices Internal Medicine in partnership with Drs. J. T. Beardwood, Jr. and Thomas E. Pilla at Abington Memorial Hospital, Abington, Pa. He and his wife, Ann, have three children, R. M. Packer, III, 17 (freshman at Dartmouth); Ann Bradley, 14; and Kenny, 10. He is a deacon at Abington Baptist Church and a member of the Rotary Club. For recreation, he plays golf at Huntington Valley Country Club and is a member of the Doctors Golf Association of Philadelphia.

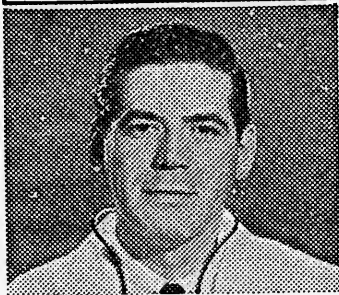
S. MALONE PARHAM, 523 S. Chestnut St., Henderson, N. C. Does

Ob-Gyn. Postgraduate training was done at the University of Maryland Hospital, Baltimore, Md. He is a member of the Vestry and former Junior Warden in the local Episcopal Church, and a Rotary Club member. He and his wife, Mary L. Cooper, have two children, S. Malone, Jr., 16; and David S., 11. Golf and boating are his chief recreational interests.

DAVID A. RENDLEMAN, JR., Salisbury, N. C. Does general practice. Postgraduate training was done at Emory University. He and his wife, Dorothy Vernon, have four children, David, III, 18; Dorothy, 17; Daniel, 13; Paul, 10. David is a rising sophomore in general college at U.N.C. He is a member of the Lutheran Church and he enjoys golf occasionally.

(Continued on page 35)

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– J. Spencer Love Memorial –

(Continued from page 12)

enterology, metabolism, cardiology, chronic diseases, pulmonary diseases, hematology and other subspecialties of internal medicine.

The second floor level will accommodate the clinics for general surgery and for the surgical specialties. The latter include plastic surgery, otolaryngology, orthopedics, urology and the tumor clinic.

Space in the clinics will total almost 65,000 square feet.

The gift was announced in mid-October by Consolidated University President William C. Friday at a special luncheon in Chapel Hill.

Charles F. Meyers, Jr. of Greensboro, president and chief executive officer of Burlington Industries, expressed his company's pleasure at making a contribution to be used to provide additional health and medical services for the people of North Carolina.

"We are pleased, also," he said, "that this new facility will be named in honor of Mr. Love. "Since he was so interested in the education and well-being of the people of his home state, the J. Spencer Love Clinics will be a fitting tribute to his memory."

The late Mr. Love was a trustee of the University and had an avid interest in education. His work in behalf of education and his contributions to the business world were recognized during his lifetime by honorary degrees from UNC, Elon College, Davidson College, the Philadelphia College of Textiles and Science and A and T College of Greensboro.

Among the guests attending the special luncheon were Mr. Love's widow, Mrs. Martha Love of Greensboro, and his sister, Miss Cornelia Love of Chapel Hill.

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- A Pediatric Clerkship -

(Continued from page 17)

form a thorough physical examination by doing them himself. I felt more closely involved with the patients at Reading, since I had worked them up, and figuring out the details of their management became more than an ordinary academic exercise centered about the recommended mode of handling a typical hypothetical case.

It must be emphasized that the points of derogatory criticism to be forthwith presented reflect primarily on the methods of instruction of British medical students and not on the particular institution to which I was attached. In conversations with British medical students at St. Mary's and at St. Bartholomew's, with fellow American classmates in England on similar summer clerkships, and with two American doctors in England for a year, the following issues continually came up.

One—whereas the American system may err on the side of too much busy-work and not enough time for reflection and reading, the British establishment often strays to the opposite pole in giving the students a much freer hand in deciding whether or not to attend lectures, rounds, clinics, and so forth. We may be too regimented here, and thus we may stifle independent thought and action; on the other hand, the British students may not be disciplined strongly enough to insure their participation in and benefit from all aspects of the learning experience that is medical school. For example, much of the British student's time in his clinical years seems to be occupied with passive observation, rather than active doing. The difference in the set-up at Reading and that in London bears this out—it is difficult to maintain a maximal level of interest when someone else is doing all the history-taking, examination, and prescription-making. One sees the patient through a one-way mirror in the one case; he is in the same room with the sufferer, however, if he shares directly in the responsibility of diagnosis and treatment. And how much greater the reward when *your* patient improves on *your* regimen, no matter how much that regimen may have been altered after consultation with more experienced personnel. The British system, then, seems to me to run into the danger of non-involvement, the result of which is all too often indifference on the part of the student. To become a physician, one must acquire the practical skills and the ability to deal with patients: I think it is better to be pushed a bit farther out of the nest in these matters before graduation from school.

Two—there is not much emphasis on deadline productivity, by which I mean getting a write-up done on time, or learning a course before a scheduled test on the material. From all I observed in England, even writing up a patient's history and physical is rarely required of the student, much less having it in presentable form within twenty-four hours after admission to the hospital, which is mandatory for interns and residents in both countries.

Three—it appears that students are not given to understand that their presence at various portions of the program is either expected or required. This *laissez-faire* approach is in the best European tradition, and it has many good points. But while preserving something rather nebulously called "academic freedom" and relying on mature judgment and/or motivation to get the stu-

dent in gear, the hands-off attitude risks the charge of not caring enough about the student to make him feel that he should care about his field of study. A bit of spurring-on, in terms of an occasional examination or a hint that the Chief will be very upset if everyone is not around for his rounds, may be a help. One has to become responsible somewhere along the way. It seemed that several of the people in my group had no compunction about missing rounds or clinics in order to sleep in or see a movie: this in spite of the liberal amount of free time at night and on the weekends.

Of course, one rebuttal to the above is that the interested and assiduous students will go to class anyway, and that those who do not will eventually be weeded out; but the waste of time, effort, and money is, or could easily be, incalculably great in the case of the latter group. The prime object of medical education is to teach young people how to become competent physicians—the need for doctors is so great and the cost of failure in their proper training so high that every reasonable step toward achieving the goal would seem to be in order.

In fine, then, I suppose I feel somewhat guilty about not having had to work as hard in England as when here. Yet the teaching was superlative and the case material was quite good. Perhaps the only problem was that the whole experience was so much fun!

The typical British medical student enters medical school at age 18. He often is 24 to 25 when he emerges from the cloisters with his Third M.B. degree (roughly equivalent to our M.D.). Nonetheless, he has had many of the same experiences that his American counterpart undergoes in college, for he has the time to join and participate actively in non-medical organizations dealing with the arts, and to enjoy an adequate social and athletic life.

He does not seem to study very much, and he may occasionally make medical *faux pas* which seem both incredible and hilarious to his overseas cousin, yet he ends up with as good a store of knowledge, and perhaps a greater amount of essential humanity and *joie de vivre*. The English doctors I met belied the ill-founded stereotype of haughty British reserve—they were warm, friendly, very patient, and understanding. They knew what they were doing, were well up on the literature, and yet they did not seem so harassed as their colleagues here. The English also seemed better equipped, in general, to practice the art of medicine without slighting the scientific side. Perhaps their relaxed approach and prior training contribute to their quality of calm, sympathetic concern for the patient, rather than just a scholarly interest in the disease alone.

The British National Health Service, or NHS, was put into execution in 1948. Approximately fifteen years have passed since its inception, and the country and its physicians are now in the throes of evaluating the results of this plan of "socialized medicine." It must be realized that the phrase "socialized medicine" in America is laden with the emotional overtones of government control of so-called private enterprise, while in England such is not the case, and the phrase is rarely applied to the NHS.

Under the NHS, the patient seems to benefit more than his physician, at

least in the short run. The former can be seen by the doctor of his choice, as soon as his name comes up on the doctor's waiting list. He pays only two shillings (\$0.28) per prescription, no matter the type of drug, and there is no problem regarding whether or not to undertake what would be a personally expensive diagnostic procedure here (for instance, a series of gastrointestinal roentgenograms). In talking to physicians and in perusing a series of articles in the spring issues of *Punch* (1964) and the then-current London daily newspapers, I arrived at the conclusion that the program has been rather widely accepted and acclaimed. There has not been a tremendous upsurge in the number of visits by hypochondriacal patients, as has been so forebodingly predicted by opponents of socialized medicine here. The average medical man, if one may be allowed to employ so vague and nondescript a term, is paid approximately one pound (\$2.80) per year per patient on his rolls. The average level of care does not seem to have suffered, and most of the doctors to whom I talked, young and old, seemed to have more positive than negative feelings about the NHS as a whole. In terms of patient care, the system helps give good health care to many people by not eliminating those who are unable to pay and by insuring that a patient with a symptom may be seen early on. A man with a little money and a little chest pain may not get to a doctor here until he has suffered a myocardial infarct, for he may be unable to pay for routine medical visits and/or laboratory and electrocardiographic examinations. But in England the same man can be seen by someone at minimal cost to the patient; I think that this facet of early diagnosis and treatment is one of the NHS' best assets. (Let it not be forgotten, however, that *somebody* has to pay the high cost of medical care, which does not vary much between Britain and America, the general level of medical advancement and prowess being comparable in the two nations. Here the individual pays for his personal infirmity; there everyone, sick or well, pays for every man's infirmity through taxes.) Nor need anyone feel socially stigmatized by his absolute or relative inability to absorb the cost for his care: his way has been paid and will be paid by himself and his countrymen through taxation.

On the other hand, one wonders whether the physicians resent their rather abrupt change of status to the rank of civil servants. They are paid by the government for the public patients; it must be declared, however, that private practice can still be carried on, for it is neither forbidden nor absolutely impossible to set up. More salient problems revolve about the omnipresent lack of time—the successful and hard-working physician may have so many patients that he is unable to provide all of them with his best diagnostic and therapeutic efforts; he may be driven by economic necessity to take on too many patients in order to come out ahead financially; he may therefore not have time to contribute to personal or group research. Furthermore, since he is paid according to the number of names on his rolls, what is to prevent the unethical from padding his lists, or from becoming simply an automaton who dispenses digitalis, diuretics, antibiotics, and steroids with all the selectivity and concern of an auto assembly-line worker assigned the onerous task of putting four bolts into the right front fender of the 1965 Chevrolets? It goes without saying that someone has to watchdog the whole procedure in order to obviate such unhappy events.

Another difficulty is inherent in the hierarchical establishment governing

advancement in a chosen field. The top men are consultants; they become so only after (1) there is a vacancy, owing to some predecessor's retirement or death, and after (2) being chosen for the post by a board of examiners. The boards seem to operate as much on personal pull and "old-boy" contact as on more objective appraisals of an applicant's competence. There is thus little room at the summit of the heap: many men resign themselves to remaining as registrars for ten or more years, in hopes that a position will become available. Actually, this facet of British medical life was in existence before the NHS was initiated; I mention it not to criticize the NHS but to point out that government control of medicine has not ameliorated the situation.

Another point to be discussed here is the plight of the general practitioner, called a GP in England as well as in America. There, as well as here, he is often overworked. Moreover, one GP to whom I spoke appeared to feel rather like a telephone switchboard operator, in that he served mainly as someone who diagnosed the general problem and immediately shuttled the patient off to bigger and better things at the hands of a specialist. Add to this the fact that he has difficulty in inaugurating a sizable or affluent private practice, and you find that the GP can easily become disgusted with his situation, his low (by our standards) income, and his nether position on the totem pole. But more GP's are needed in both countries, and their problems seem to be on the increase, which hardly helps attract more people into that important branch of medical practice. An accompanying impediment, as I understand it, is that in England the GP can never become a consultant (and thus attain both prestige and a better income) without specializing, whereas here the GP's status is higher at the outset and his chances for financial advancement are less limited.

One last question: granted that the British patient benefits in the short run under the NHS, will he necessarily come out better in the end? I wonder. For if more patients are being seen per doctor (there being no financial hindrance to overcome before getting into a doctor's office) now, will there be better care ten years in the future? With decreased social status; with less control over work load, with less freedom to choose one's patients, with the amount of bureaucracy inevitable in governmentally administered projects, and with the somewhat circumscribed opportunity to increase one's income, is it not likely that less and less young people will be attracted to medicine as a profession in Britain? I certainly hope not, but if such eventuates, the patient-doctor ratio will increase and the level of care will have to drop, qualitatively.

All in all, the clerkship was a delightful and very worthwhile experience. One of the best facets of the summer was the chance to see how another country handles its medical riddles, not to mention the perspective it affords one to stand off from his particular plot of earth and examine his own customs and practices in the light of others' opinions and methods.

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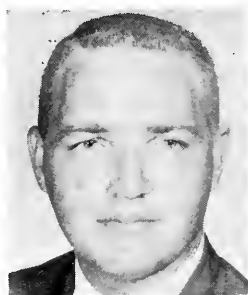
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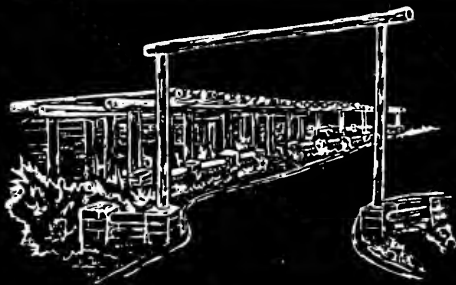
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-Alumni News-

(Continued from page 27)

MARCH '43 (Con't.)

KENNETH WORTH WILKINS, 207 Lee, Goldsboro, North Carolina. Has a solo Ob-Gyn practice. Post-graduate training was done at Garfield Hospital, Washington, D. C. He and his wife, Betty, have four children, Ken, Jr., 9; Hannah, 8; Brandt, 5; and Charles, 3.

DECEMBER '43

JAMES TAYLOR VERNON, P. O. Box 1139, Morganton, N. C. Has private psychiatric practice. Post-

graduate training was done at Charity Hospital, New Orleans, Mass. Mental Health Center and McLean Hospital. Past Secretary, Treasurer and President of the Burke County Medical Society, he was past Treasurer of the N. C. Neuropsychiatric Society. He is Clinical Assistant Professor in the Dept. of Psychiatry at the University of N. C. He and his wife, Florence Royal, have three children, Sarah, 16; Anne, 14, and Ben, 10. He is a Deacon at the First Presbyterian Church (currently inactive) and enjoys golf but says there is no time.



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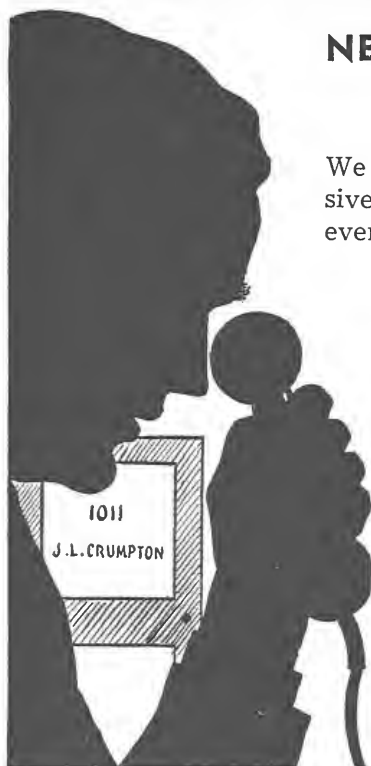
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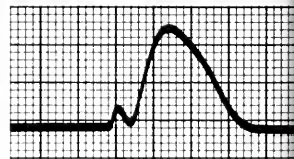
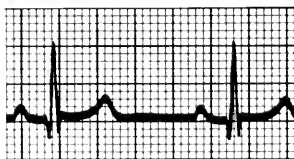
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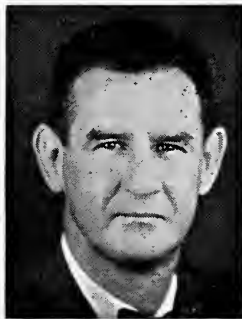
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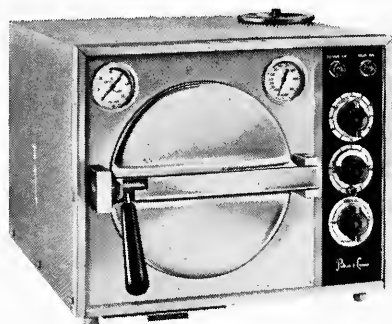
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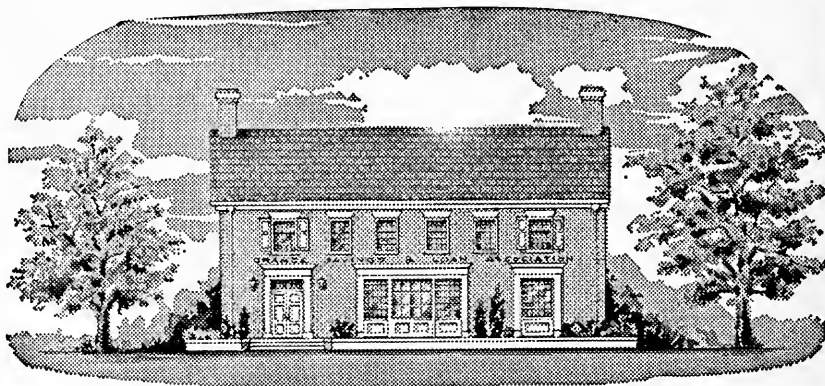
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Western Carolina Center for Handicapped Children

by J. IVERSON RIDDLE, M.D.*

The 1959 General Assembly appropriated \$4.5 million to build the Western Carolina Center so that it might give service to the mentally handicapped children in the thirty-six western counties of North Carolina. Its location near Morganton places it conveniently in the center of the area it serves. The sixteen buildings which represent the first one-third of the Center were completed and the admission of patients was begun on December 16, 1963. The initial capacity of the Center is six hundred beds divided in such a way as to permit total treatment for children whose difficulties range from the most severe non-ambulatory cases to those who have relatively mild mental handicaps.

The Center's operation is based on the premise that the best service can be given to mentally handicapped children when the child is in close proximity to his parents. Consequently, no child is admitted to the Center simply to meet training or educational needs that should be provided in his community. Applicants are considered when they present severe emotional problems, psychosocial problems, behavior disorders, or severe medical-nursing problems which cannot be contained within the local community. From the etiological standpoint a "pure culture" diagnosis is seldom seen. Rather, there is more often a mixture of psychosocial and medical problems.

In general, the population is made up of children from six to fifteen years of age although there are a few younger and some older. Children with primary emotional disorders are placed in the general milieu in order to receive peer support that would be missed if they were separated and placed in a special unit.

There are approximately 290 staff positions for the current phase of operation. The staff includes five physicians and a diversified team of ancillary professional and administrative personnel, designed to provide a "community life" environment at the Center.

From a medical standpoint, it is difficult to define or outline the treatment program at the Center. In certain areas individual and group psychotherapy

* Dr. Riddle, U.N.C. Med '56, is Superintendent of the Western Carolina Center at Morganton, N. C.

is applied while in other areas the treatment of acute medical disorders of childhood is in progress. Physical therapy, occupational therapy, industrial arts, volunteer activities, and recreation are often intertwined in programs to meet the needs of children whose mental handicaps are often complicated by physical defects.

The team approach to the total care of the children is also reflected in grants the Center has received from various private and governmental agencies. For instance, the Labor Department under the Manpower Development and Training Act has supplied the Center with a \$50,000 Federal grant to allow for all of the 159 neuropsychiatric aides to receive eight weeks, or approximately four hundred hours, of training *before* they are employed as "Cottage Parents." This has not only helped to give the "Cottage Parents" an ability to work with children who have mental and physical handicaps, but also has instilled a certain amount of esprit de corps, and even more importantly, has laid groundwork for better communication. An interesting aspect of this training program has been research into the basic psychological profiles of substitute parents and how this may be altered through training and experience. From the National Institutes of Health, the Center has received a \$25,000 yearly grant to establish a Department of Nursing Instruction. This will not only

(Continued on page 30)

Pictured from left to right: Dr. James C. White, Jr., Director of Psychology Services; Dr. Tong-su Kim, Staff Psychiatrist; Dr. James J. Thomas, Clinical Director in Medicine; and Dr. J. Iverson Riddle, Superintendent.





Dr. Thomas W. Farmer, Chief of the Division of Neurology, chats with a patient who has just had diagnostic echoencephalography. (The echoencephalogram lateralizes intracranial lesions by the "sonar" principle.) In the rear is Dr. Ernesto Gonzalez from Argentina, a member of the resident team.

Inside N. C. Memorial Hospital . . .

The Divisions of Neurology and Neurosurgery

With major functions in the Departments of Medicine, Pediatrics, and Surgery, the Divisions of Neurology and Neurosurgery are models of the best in teamwork and in balanced programs of patient care, teaching, and research. It is fitting that a widely acclaimed text *Pediatric Neurology*, edited by Dr. Thomas W. Farmer, has been published in the past year by the Hoeber Division of Harper and Row. Consisting of definitive chapters by Dr. Farmer, Dr. Gordon S. Dugger, and their colleagues here at Chapel Hill and leading institutions elsewhere, this book is continued evidence of the high caliber of the men who treat and study neurologic disease at N. C. Memorial Hospital.

With the support of Dr. Charles H. Burnett and the Department of Medicine, Dr. Thomas W. Farmer, Chief of the Division of Neurology, has built his unit into one of the largest in the South. The medical and technical personnel over the years have come from widely scattered areas and the visitor to the Neurologic Division might at times have wondered if he had stumbled into a subversive nest of British recolonization. Time has assimilated this element, however, and the alien sound of "enkephalitis" is now seldom heard. Soon after the inception of this Division the National Institutes of Health recognized the potential of the program and has given it continuing support for a full three-year residency training program in Neurology. At the present time five residents are in training and it is hoped to keep two residents in each year

Dr. Gordon S. Dugger (left), Chief of the Division of Neurosurgery, reviews the films of a patient in one of many moments in the x-ray viewing room with his colleagues, Dr. William P. Parker (middle) and Dr. Robert L. Timmons (right).



of the program. Graduates from this program are widely scattered but two practice in North Carolina, two in South Carolina, and two are on the present staff of the Division. Clinical Neurology at Chapel Hill is fortunate in having strong support from various areas. Neuroradiology under the direction of Dr. Ernest Wood is highly developed. The Divisions of Neurology and Neurosurgery collaborate formally at weekly joint conferences, residents from one Division may rotate through the clinical service of the other Division, and informal exchanges are continuous. Collaboration with the Pediatric Department is likewise close and weekly conferences on pediatric neurologic problems are arranged by Dr. Harrie Chamberlin. Neurologic residents also attend the Pediatric Out-patient Clinic and Developmental Evaluation Clinic. Training in Neuropathology is supplied by regular conferences with Dr. Margaret Swanton of the Department of Pathology. Under the direct control of the Division of Neurology are the clinical laboratories for diagnostic studies, including electroencephalography, electromyography, echoencephalography, and nerve conduction studies. Research laboratories attached to the Division are active in histo-



Evaluating the child is Dr. Harrie R. Chamberlin, Director of the Developmental Evaluation Clinic. The members of the team (starting at the front of the table and moving from left to right) are Mrs. Constance Freeman, Speech Therapist; Miss Katherine Polk, Coordinator; Dr. Marlyn T. Erickson, Psychologist; Dr. Jorge Ferriz, Psychiatrist; Miss Jean Werst, Nursing Specialist; and Mrs. Elaine M. Goolsby, Social Worker.

Electromyography and nerve conduction tests are important tools in the diagnosis of neurologic disorders. Dr. Allan W. Downie (right) and Dr. Thomas R. Scott (left) of the Division of Neurology have clearly convinced the subject that these are benign procedures.



chemical, neurochemical, neurophysiologic, and neuropathologic studies. Since July 1964 all adult patients admitted to the hospital primarily for neurologic problems are assigned to the Neurologic Service which is staffed by one attending member, medical and neurologic residents, and two medical interns. Patients with neurologic complications of other diseases are seen in consultation by other members of the Division. Regular Out-patient Clinics are held for private and staff patients, one of the Clinics being devoted primarily to evaluation of convulsive disorders. Extramural activities of the Division include a recently inaugurated regular monthly clinic at Greenville, North Carolina, held under the auspices of the State Board of Health and supported by a federal grant. From this and other sources patients are to be referred to a third regular weekly out-patient clinic for fuller neurologic evaluation. Over the years there has also been close liaison with the State Mental Hospital System and regular consultations have been provided at times to all three of the eastern group of these hospitals.

Dr. Harrie R. Chamberlin, Associate Professor of Pediatrics and Pediatric



Dr. Norman A. Allen (right) of the Division of Neurology and a major authority on neurochemistry discusses localization of central nervous system function with Drs. James H. Halsey and Edwin C. Shuttleworth, Jr., of the resident team.

Part of the long haul in neurosurgical residency is laboratory-based investigative experience. Here, Dr. Roy W. Vandiver, assistant resident, works on a model of the central nervous system. He is also currently investigating possible vaso-active substances in the CSF of patients following subarachnoid hemorrhage.



Neurologist, is director of the Developmental Evaluation Clinic. This clinic, established by the Department of Pediatrics and supported by grants from the Maternal and Child Health Section of the N. C. State Board of Health and from the U. N. C. School of Medicine, is designed to provide early and intensive evaluation of young retarded children. As such, the Clinic provides maximal support for the children who come to it and a training and research program for those who participate in the Clinic. As Director of this Clinic and attending member as well as Neurologist of the Pediatric Department,

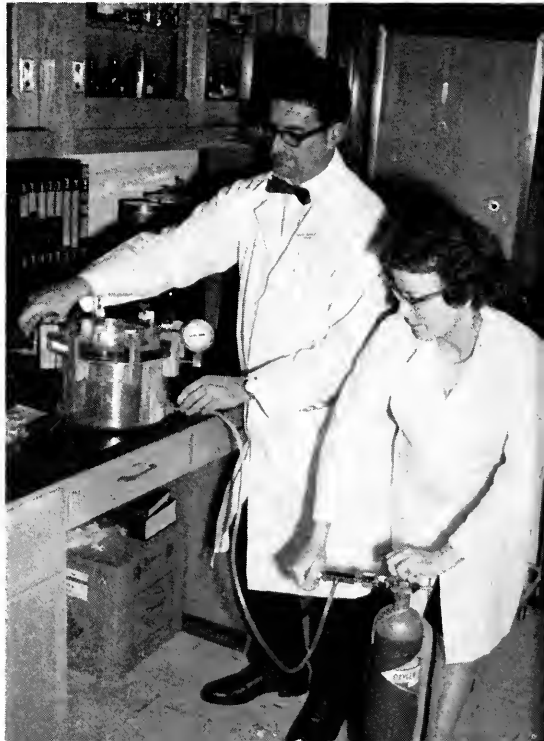


The laminectomy completed, Dr. Ira M. Hardy (left), Assistant Resident, and Dr. Douglas Soo, Chief Resident in Neurosurgery, confer on details of the patient's problem in the Operating Room. Dr. Soo will be going into practice this summer. Dr. Hardy (UNC Med '63) will be with us for some time.



Neurological problems constitute one of the largest group of illnesses managed in the Medical and Pediatric Out-patient Departments. Dr. Dixie Soo, Instructor in Medicine and a member of the Division of Neurology, takes the history from a patient during one of the numerous clinic sessions.

Dr. Chamberlin packs a full day. He and the Department of Pediatrics will be joined later in the year by Dr. James E. Etheridge, a diplomate of the American Board of Pediatrics, after Dr. Etheridge has completed his current fellowship in Neurology at the Mayo Clinic.



The work of Dr. Charles E. Morris in studying immune mechanisms in muscle disease is part of the multi-faceted investigative program carried on by members of the Division of Neurology. Here, Dr. Morris and his assistant Mrs. Ellington are working with tissue culture apparatus.



The Pediatric Neurology conference, one of many held by the Division of Neurology, takes place each Tuesday afternoon in the Pediatric Conference room. Seated around the table (from left to right) are Drs. Chamberlin, Downie, Allen, Morris, Farmer, Soo, and Dr. Charles A. Cape from Iowa University, who was visiting that day. Seated in the rear are members of the junior class of medical school, pediatric house staff, neurology resident staff, and Dr. Jorge Ferriz of the Department of Psychiatry.

Dr. Gordon S. Dugger, chief of the Neurosurgical Division of the Department of Surgery, and his colleagues, Dr. Robert L. Timmons and Dr. William P. Parker, push a heavy program of clinical neurosurgery, teaching, and research. In addition to daily routines in the operating room, wards, and clinics, there are weekly neurosurgical seminars and grand rounds, weekly conferences with the Neurologic Division as noted above, and biweekly Neuropathologic and Neurologic conferences. A 48-month residency program is offered of which 30 months consist of graded responsibility in clinical neurosurgery. The remaining 18 months consist of rotation through the Division of Neurology and laboratory-based investigation. As a part of the surgical teaching programs in the third and fourth years of medical school, scheduled clinics are held for the junior students in addition to two-week rotations through Neurosurgery and a one-month elective internship in clinical neurosurgery is available to senior students.

The current focal point of research in the Division of Neurosurgery is study by electron microscopy of the ultrastructure of the hypothalamus and pituitary in experimental animals. Studies are directed at changes from the normal effected by a variety of chemical and surgical alterations of the endocrine system.

If growth and development can be equated with success, the Divisions of Neurology and Neurosurgery can look back over their twelve years since inception with much satisfaction and look to the future with solidly grounded hopes.



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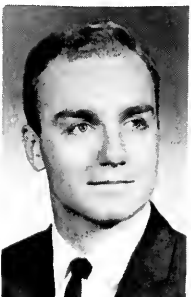
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Presenting the Alumni

DOCTOR STEWART L. MOORING

Dr. Stewart L. Mooring, radiologist and director of the Department of Radiology, Rutherford Hospital, Rutherfordton, was recently appointed District Chairman of the UNC Medical Alumni for the eighteenth district.

Dr. Mooring, 34, is a native of LaGrange, and a graduate of the University of North Carolina. He received his Medical Degree from the University of North Carolina School of Medicine in 1955 and served his Internship at the University of Virginia Hospital, Charlottesville, in 1955-1956. Following internship, he spent two years in U. S. Army Medical Service, acting as assistant radiologist at the Army Hospital, Fort Bragg. He was discharged with the rank of captain. Dr. Mooring went to Rutherfordton in 1961 following completion of a three year residency in radiology at N. C. Memorial Hospital, Chapel Hill. Special study was also done at Columbia Presbyterian Hospital, Mount Sinai Hospital and the Neurological Institute in New York City.



He is a member of Phi Beta Kappa Honorary Fraternity and Phi Chi Medical Fraternity. Dr. Mooring was the first recipient of the Andrew Bershak Memorial Scholarship from the University of North Carolina in 1948-1952, and was awarded a clinical fellowship from the American Cancer Society in 1960-1961. He is a member of the American Medical Association, the American College of Radiology, the Radiological Society of North America and is a diplomate of the American Board of Radiology. He is currently serving as president of the Rutherford County Medical Society (1964).

The Moorings have three children, Lee, 8, Frank, 6, and Margaret, 15 months. Mrs. Mooring, the former Jacqueline Davis of Mount Olive, is a graduate of Queens College in Charlotte. Dr. and Mrs. Mooring are members of the Rutherfordton Presbyterian Church. They reside at 410 Ridgcrest Avenue, Rutherfordton.

Presenting the Alumni

DOCTOR EARL TREVATHAN JR.

Dr. Earl Trevathan Jr. of Greenville is a pediatrician, politician, indoorsman and outdoorsman.

He established a pediatrics practice in Greenville about 11 years ago and for the last two years has been in partnership with Dr. John Fletcher.

As a newcomer to politics, he is serving his first term as a councilman for the City of Greenville.

His indoor activities include service as an elder in the First Presbyterian Church, an active member of the Greenville Rotary Club (and its president in 1963), a director of the N.C. Tuberculosis Association, a past president of the Pitt County Medical and Dental Society (1961) and chairman of District III of the UNC Medical Alumni Association.

His outdoor activities include bird hunting, camping and construction of a cabin at Bath on Back Creek.

Dr. Trevathan is a 41-year-old native of Tarboro. He completed his undergraduate work (for a B.S. degree) at UNC in 1947, attended the UNC School of Medicine for two years and received his medical degree from the Colorado School of Medicine in 1951.

He served his internship and a two-year pediatric residency at the Medical College of Virginia.

He is married and has three children: Wanda, 17; Tom, 14; and Sue, 11.



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Dr. William Edmund (Bill) Lassiter settled down at the UNC School of Medicine as a Research Fellow in Medicine almost seven years ago.

He has advanced since then to assistant professor of medicine, an investigator for the American Heart Association (since mid-1963) and a Markle Scholar in Academic Medicine (also since mid-1963).



Dr. Lassiter is a native North Carolinian, born in Wilmington 37 years ago. He is an educational product of Harvard University, receiving his A.B. (magna cum laude, with highest honors in physics) in 1950 and his M.D. (cum laude) four years later.

He commuted between Boston and Chapel Hill for the next four years, serving as an intern and assistant resident in medicine at Massachusetts General Hospital in 1954-56, as senior assistant resident in medicine at N.C. Memorial Hospital in 1956-57, as a Research Fellow in Medicine at Massachusetts General Hospital and Harvard Medical School in 1957-58, as a Research Fellow in Medicine at UNC in 1958 and subsequently to his present faculty position at UNC.

He was certified by the American Board of Internal Medicine in 1962. During the 1963-64 academic year he was a visiting investigator at the Physiological Institute of the Free University of Berlin.

Dr. Lassiter is a member of numerous medical and scientific societies, is married and the father of three children.

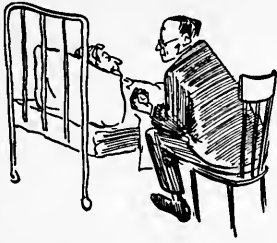
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ALUMNI NEWS ITEMS

CLASS OF 1925

HARRY S. ANDREWS, 1163 Medical Arts Building, Louisville, Ky. Has pediatric and pediatric allergy practice. He did postgraduate training at Vanderbilt University, Johns Hopkins, Willard Parker, and the University of Louisville. He married the former Bess Ray.

CLASS OF 1926

SAUL LEIGHTON AVNER, Suite 5-10, 8888 Dyer Street, El Paso, Texas. Has obstetric and gynecology practice. He has been chief of services for all the hospitals in El Paso and consultant at William Beaumont Gen. Hospital. He and his wife, Janet, have three children, Peter, age 25, Jody, age 23, and Ann, age 6½. He is a member of the American Board of OB-GYN, a fellow of A.C. of OB-GYN, a member of the Texas Association of OB-GYN and the Southwest OB-GYN Association.

FORREST MELVILLE HOUSER, 410 South Elm Street, Cherryville, N. C. Does general practice. He and his wife, the former Blanche Evangeline Duey, have three children: Mary Grace, 33, William Edward, 29, and Blanche Evangeline, 19. In 1951-52, he was first vice-president of N.C. State Medical Society, and has been listed in a number of volumes of "Who is Who in South & South West." Voted the Man of the

Year by the local Veterans of Foreign Wars in 1951. For recreation he enjoys traveling and fishing. Is on the building committee of the Lutheran Church in Chapel Hill and a member of the council of the local Lutheran Church. Was organizing president of Cherryville Lions Club.

WILLIAM COOPER HUNTER, 1106 W. Nash Street, Wilson, N. C. Does general practice with partner. He is past president of Wilson County Medical Society and 4th District Medical Association. He and his wife, Martha, have three children, Martha Elizabeth, age 25, William Cooper, Jr., age 18, and Theodore C., age 16. He enjoys reading, and is past president of the Wilson Lions Club. He is on the vestry of St. Timothy Episcopal Church.

ROY HENDRIX McDOWELL, Main Street, Belmont, N. C. Does solo general practice. Completed last two years of medical school at Johns Hopkins University. He and his wife, the former Kathryn Bowers, have two sons, Charles Lindsay (an M.D.), age 32, and Harold Carlyle, age 17.

CLASS OF 1927

JAMES F. MARSHALL, 341 Arbor Road, Winston-Salem, N. C. Does surgery. Did last two years of medical school at the University of Pa. He is the past president of N.C. Surgical Association, Forsyth County

Medical Society, a fellow of the A.C.S. and the Southern Surgical Association, a member of the Society of Head and Neck Surgeons, and director of N.C. Division, American Cancer Society. He and his wife, Mildred, have three children, Mrs. Kenneth R. Smith, Jr., Mary Coleman, and Samuel H., age 16. For recreation, he enjoys golf. He is a member of the St. Paul's Episcopal Church, and a member of the Kiwanis Club.

JOE GADDY MATHESON, Box 352, Ahoskie, N. C. Has solo practice in eye, ear, nose and throat. Married the former Nellie Pauline Lakel, and they have three children, Lottie, age 34, Laura Deane, age 31, and Joe Gaddy, Jr., age 26. Is past president of Ahoskie Kiwanis and formerly Lt. Governor of Kiwanis. His hobby is

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SHELDON WHITE
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pine tree farming and is Ahoskie High Football physician. Enjoys Canadian fishing.

BEN LIVINGSTON MATTHEWS, 41 Main Street, Binghamton, New York. Has one partner in general surgery. Did postgraduate training at Binghamton General Hospital. Married Clara Wurth and they have two children, Robert and Carlina, and four grandchildren. He is a member of the Live Wire Club, 21 Club, and city and country clubs. A past board member of the Chamber of Commerce, he is now on the finance committee of the Tabernacle Methodist Church. In summer enjoys golf and in winter, bowls. In 1962 went on world cruise for three months.

JOHN S. RHODES, 700 West Morgan Street, Raleigh, N. C. Practices urology. He is past president of U.N.C. Medical Alumni Association and the Medical Society of the State of North Carolina. Married the former Eleanor Flint, and they have three children, John Flint, age 27, Joellen Betts, age 24, and Judith Ann, age 21. He is an elder at West Raleigh Presbyterian Church, and is a past president of the Raleigh Rotary Club. For recreation, he enjoys gardening and ornithology.

HOOSIC H. SERUNIAN, 101 Newton Avenue, N., Worcester, Massachusetts. Practices general and internal medicine. Completed medical school training at Harvard. Married the former Helmie (Sippola) Bernice and they have one son, John, age 11. He is a member of the First Baptist Church, and enjoys golf for recreation.

WILLIAM DURWOOD SUGGS, 1213 W. Franklin Street, Richmond, Virginia, has solo ob-gyn practice. He is associate clinical professor of gynecology and obstetrics at Medical College of Va. He is chairman of gynecology

section, Southern Medical Association. He and his wife, Grace Lorraine, have a married daughter, age 25. He belongs to the Episcopal Church. Is member of Richmond Citizens Association, Richmond Forward Movement, Westhampton Citizens Association. For recreation, he enjoys boating, foreign travel, photography and his two grandchildren. In 1958, he visited western and northern Europe; in 1963, the Mediterranean area; in 1954 and 1964, Bermuda; and in 1950, the Caribbean and South America.

WILLIAM TROY TURLINGTON, P. O. Box 1217, Jacksonville, N. C. Does solo general practice. He and his wife, Chellie, have three children, Mrs. Helen Rawls, age 32, William Troy III, age 30, and Wade Robert, age 26. He is a member of the Rotary Club and belongs to the Methodist Church. Enjoys fishing.

CLASS OF 1928

MERLE DUMONT BONNER, 1023 N. Elm Street, Greensboro, N. C. Practices diseases of chest and allergy. He and his wife, the former Blanche Hanft, member of UNC Class of 1932, have four children, William, age 27, Blanche 24, John, age 21, and James, age 12. He enjoys hunting, and has been to Europe and behind the Iron Curtain in 1963. Is on the vestry of Holy Trinity Episcopal Church.

ROBERT HYATT BROWN, 207 Medical Arts Bldg., Kingsport, Tennessee. Has solo pediatric practice. He and his wife, the former Sara Pentz, have three children, Charles, age 26, James, age 23, and Mary, age 22. He is an elder at First Presbyterian Church and an Adult Class Sunday School teacher.

ERNST OTTO MOEHLMANN, Richland, Pa. Does general practice.

Had his last two years of Medical School at the University of Pa. He and his wife, the former Helen Deitz of Philadelphia, have four children, Joel, Nicholas, Kristin and Holly. In 1955, spent one month in Italy, France and Germany.

ROBERT F. MONROE, 332 W. Broadway, Louisville, Kentucky. Does solo practice in obstetrics and gynecology. Did postgraduate work at Washington University, St. Louis; University of Virginia; and University of Louisville. He and his wife, Katharine, have three children, Ann, Roberta Frances and Richard, and two grandchildren. He is a 25-year member of the Rotary Club, an elder for the Bardstown Road Presbyterian Church, and associate clinical professor at the University of Louisville School of Medicine. Enjoys fishing and boating, and in 1958, went on Carribean Cruise.

RHODES EDMOND NICHOLS, JR., 1626 University Drive, Durham, N. C. Practices internal medicine with Ed S. Williams, M.D. Class of 1954, in Durham. He is a member of the N. C. Society of Internal Medicine. He and his wife, the former Margaret Lambe, have three daughters, Ann, UNC graduate of 1957, Carol, UNC graduate 1959, and Margaret Elizabeth, Smith College graduate 1964. He is a member of Trinity Methodist Church.

DUNCAN SHAW OWEN, 2305 Mirror Lake Drive, Fayetteville, N. C. He practices internal medicine. Did last two years of training at University of Maryland School of Medicine, 1930. He is a member of N. C. Society of Internal Medicine and vice-chief-of-staff at Highsmith-Rainey Memorial Hospital in Fayetteville this year. Also is a member of local cancer society and founder in 1958 of the S C's Club (Cumberland County Cases

of Cured Cancer). In 1961, was Outstanding Public Relations Chairman, United Services, in Fayetteville. Enjoys fishing, hunting, golf, and gardening. He and his wife, the former Mary Gwyn Owen, have one son, Duncan Shaw, Jr., who is a 1960 U.N.C. Medical School graduate.

CLASS OF 1929

HERMAN SUTTON POWELL, 1326 W. Franklin Avenue, Gastonia, N. C. Does general practice. He married the former Mary Odessa Moss and they have a daughter, Alice Rose, age 28. He was president of Gaston County Medical Society in 1948, and in 1961, was chief of staff of the Garri-son General Hospital. Enjoys traveling. He is a member of the First Baptist Church.

CLASS OF 1930

LAWRENCE McCLURE CALDWELL, East 1st Street, Newton, N. C. Does general practice. Did postgraduate work at the University of Pa. and Duke University in 1932. Married to former Macel Ratchford and they have two children. Janice, age 27, and Lawrence, age 19. He is on the board of trustees at Mars Hill College, is a member of the N. C., Catawba County and AMA Medical Associations, and a deacon of the Baptist Church. For recreation he enjoys the Elks Club, Newton Kiwanis Club and Catawba Country Club. In April of 1964, he visited the Holy Land.

JAMES NELSON DAWSON, P. O. Box 68, Riegelwood, N. C. Does general practice along with industrial medicine. He and his wife, the former Marjorie Goodwin, have four children, Marjorie Sue, age 28, Helen Elizabeth, age 27, James, Jr., age 23, and Jane Ivey, age 17. He is now the president of Columbus County Can-

cer Society, and belongs to the Cape Fear Country Club of Wilmington, N. C. Is a member of official board of the Methodist Church.

JOHN MOSES MEWBORN, 303 E. Wilson Street, Farmville, N. C. Does solo general practice. He and his wife, Sarah Margaret McNeill, have four children, Faye, age 27, Linda Lee, age 24, John Moses, Jr., age 22, and Barbara Rae, age 11, and two granddaughters.

CLASS OF 1931

LOUIS APPEL, 33-03 Parsons Blvd., Flushing, New York. Does pediatrics. He and his wife, Rhoda, have four children, Leona, age 22, Betsy, age 16, David, age 8, and Ronald, age 3. They belong to the Free Synagogue of Flushing. Enjoys photography and chopping down dead trees for recreation.

MORRIS DWORIN, 4 Roanoke Avenue, White Meadow Lake, Rockaway, N. J. Has radiology practice. He and his wife, Ruth Wind, have two sons, Elliott Matthew, a senior at UNC, and Harvey Douglas, a freshman at UNC.

WILLIAM HENRY FLYTHE, 624 Quaker Lane, High Point, N. C. Has private practice in internal medicine. He is a diplomate of American Board

of Internal Medicine, a fellow of the ACP, a past president of N. C. Society of Internal Medicine, and Guilford County Medical Society. He and his wife, the former Doris Fenner, have two children, Patricia, age 24, and Joe, age 18. Is an elder in the First Presbyterian Church of High Point, and enjoys hunting and fishing.

CHARLES HOUSTON GAY, 1012 Kings Drive, Charlotte, N. C. Has pediatric practice. He and his wife, the former Mary Irvine Carter, have three children, Charles Houston, Jr., age 26, Marcia Rosenblatt, age 24, and Susan Carter, age 17. Belongs to Kiwanis Club and serves as chairman of underprivileged child committee. He is the former president of Mental Health Society, a board member of the Society for Blind and the Community Chest. He is a member of the Myers Park Methodist Church. He received a plaque for work in polio and for work with a medical committee for inductees. Enjoys golf for recreation.

HENRY CLAY HARRILL, 100 Elmwood Terrace, Greensboro, N. C. Practices urology. Did his last two years of medical school at Johns Hopkins. For recreation he enjoys hunting and fishing. He married the former Patricia Stout, and they have two daughters, Joan, age 26, and Judy, age 23.

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AMOS NEILL JOHNSON, Garland, N. C. Does general practice. Did postgraduate training at Jackson Memorial Hospital in Miami. For 12 years has been on County School Board. Married the former Mary Porter Allan and they have two children, Mrs. W. R. Watts, Jr., age 26, and Amos Neill, Jr., age 23. He has been abroad twice and on several Caribbean cruises. For recreation, he enjoys hunting, fishing and golfing.

LEWIS M. McKEE, 731 Broad Street, Durham, N. C. Practices internal medicine. Married Helen Dickson and they have one daughter, Martha Ann, now married. For recreation, he enjoys horseback riding and travel. In the summer of 1964, he visited Scotland, Norway, Denmark, Sweden, and the Artic Circle.

WILLIAM STANLEY WALL, 1649 Pinecrest Road, Rocky Mount, N. C. Does general practice but mostly OB. Completed last two years of medical school at the University of Pa. Married the former Kathryn Altland of York, Pa., and they have two children, Deborah, age 25, and Dade, age 21. He is a vestryman at the Episcopal Church. Enjoys golf for recreation.

CLASS OF 1932

FRANK M. ADAMS, 236 Central Avenue, Hot Springs, Arkansas. Has private practice in internal medicine. He is certified by the American Board of Internal Medicine and a fellow of the A.C.P. He married Ruth Bradfield and they have two children, John Frank, age 14, and Olivia Anne, age 12. He is a member of Kiwanis. He serves on board of stewards at First Methodist Church. Enjoys boating, fishing and camping.

DAVID L. AVNER, RD, Greensboro, Pa. Does industrial medicine. Is medical director of the coal division

of J and L Steel Corporation. Completed last two years of medical school at Rush Medical College in Chicago. He and his wife, Lillian, have two sons, David, age 24, and Bruce, age 22. For recreation enjoys "do-it-yourself" and fishing.

STERLING ARCHIE BARRETT, 721 Black Bldg., Waterloo, Iowa. In partnership; does ophthalmology. Received medical degree from Jefferson Medical College. Member of A.O.A. In 1960, went on trip to Europe, and in 1964, to Scandinavia. He is a member of the Lion's Club and B.P.O.E. He and his wife, Pauline, belong to the Presbyterian Church.

JEFFERSON DAVIS, Medical Bldg., Gastonia, N. C. Has E.E.N.T. practice. Did postgraduate training at New York Hospital and Cornell Medical School. He has two children, Thomas Jefferson, age 24, and Frances Little, age 22. He is a member of the First Presbyterian Church.

JOHN HENRY DOUGHERTY, SR., 517 W. Cumberland Avenue, Knoxville, Tennessee. He is a genitourinary surgeon. Did last two years of medical school at New York University Medical School. He and his wife, the former Florence Boone, have four children, William, age 28, Louise, age 24, John, Jr., age 20, and Rowan Albert, age 15. He is a member of the St. John's Episcopal Church. He belongs to Knoxville Rotary Club and the Academy of Medicine. Enjoys boating.

HAROLD W. GLASCOCK, JR., Eaton Laboratories, Norwich, New York. He is medical director of Eaton Laboratories. He and his wife, Dorothea, have a son, Harold, age 15. During his 21 years in the military medical service he took two trips to the Far East. He was awarded the Legion of Merit.

CLEON W. GOODWIN, 208 N. Douglas Street, Wilson, N. C. Does solo surgery. Did postgraduate training at St. Luke's Hospital in Cleveland, Ohio. He married the former Margaret Abbit, and they have two sons, Cleon, Jr., age 21, and Harry, age 19. He belongs to the Methodist Church.

MARY MARGARET McLEOD, Box 376, Sanford, N. C. Has pediatric practice. She belongs to the White Hill Presbyterian Church. Is a member of the local Crippled Children's Society and local March of Dimes. She also is a member of the Mental Health Committee, State Medical Society. For recreation she enjoys gardening, mostly water lily culture, and photography.

CURTIS G. SOUTHARD, 6909 Hillmead Road, Bethesda, Md. Recently retired as medical director of USPHS. Has psychiatry practice. In 1963 received USPHS Commendation Medal for contributions to the nation's community mental health services. He and his wife, Louise Wilder from Savannah, Ga. have two children, Elizabeth Louise, age 27, and John Wilder, age 23, now a 3rd year med student at UNC. He attends the first Baptist Church in Washington. He is a member of Mental Health Committee of County Medical Society. He enjoys boating, golf and travel for recreation. In 1960, he and his son, John, visited Europe.

PAUL B. SPARKS, 102 W. Broad Street, Burlington, N. J. Has allergy practice. He and his wife, Margaret, have two sons, Paul, age 23, and John, age 19. He is a member of the Broad Street Methodist Church and belongs to the Kiwanis Club.

THOMAS J. TAYLOR, Roanoke Rapids, N. C. Does general practice.

He and his wife, Doris, have two daughters, Doris, age 27, and Kay, age 23. He enjoys occasional hunting and golfing. He is a member of the Rotary Club. Is the Building & Loan Director of Methodist Church.

CLASS OF 1933

CAMERON F. McRAE, 62-68 Water Street, Binghamton, New York. Is Broome County Commissioner of Health. Did his postgraduate training here at UNC School of Public Health. A fellow of the American Public Health Association, he and his wife, Lillian Beatrice Crisfield, have a daughter, Sarah, age 29, and four grandchildren. He is an usher and associate church school teacher at Trinity Memorial Episcopal Church. He is a member of County Mental Health Board and Board of Directors of County Red Cross chapter and a member of Active Reserve (Army) with rank of Lt. Colonel. For recreation, he enjoys Arthur Murray Dance Studios. Author of several contributions in THE UPPER ROOM, and also wrote introduction to TASTY COOKING FOR ULCER DIETS by Orlena Aagaard, R.N.

E. CHARLES POWELL, 1008 E. Ash Street, Goldsboro, N. C. In partnership practicing obstetrics and gynecology. Did final two years of medical school at the University of Pennsylvania. He is past president of Wayne County Medical Society, chief of staff of Wayne County Memorial Hospital and chief of obstetrics. He married the former Eleanor Bizzell, a UNC graduate of 1934, and they have two children, Patricia, age 21, and Thomas, age 10. At First Presbyterian Church in Goldsboro he is a ruling elder. In 1962, family enjoyed automobile trip through Europe; in 1963, attended medical meeting in Paris with side trips to Rome and Majorca. In

World War II, served in Europe with 84th Division; received Bronze Star, Medical Combat Badge, three battle stars. Entered N. C. National Guard after War, and retired as Colonel in 1960.

PAUL HEILIG RHODES, 2310 Wadsworth Blvd., Lakewood, Colorado. Has pediatric practice. He and his wife, Ruth, have four daughters, Mary, age 23, Nancy, age 21, Patricia, age 17, Susan, age 16. He is on the church council of Holy Cross

Lutheran Church. For recreation, he enjoys bowling, bridge and pinochle, and poker occasionally. In summer of 1964, he and wife accompanied daughter Nancy on concert tour of Midland College Acapella Choir through W. Germany with brief stops in Paris, Lucerne, Berlin, Copenhagen and Amsterdam. He is assistant clinical professor of pediatrics at Univ. of Colo., and chief of pediatric service of Lutheran Hospital in Wheat Ridge, Colorado.

— Western North Carolina Center —

(Continued from page 11) -

allow for "Phase Two" of the Cottage Parent's training, but will also provide for audiovisual equipment to study means of inserting basic techniques of recreation and physical therapy into nursing care.

The Department of Nursing Instruction has already established pediatric and psychiatric nursing affiliations. An active in-service nursing program has begun for staff nurses in order that they may be informed of the latest developments in the field. Arrangements have been made under the Hospital Improvement Project to establish a complete, intensive team approach to non-ambulatory children with mental defects. This program should add approximately a dozen people to the staff, including additional clinical psychologists who will use basic techniques of operant conditioning in approaching this group of patients. Plans are being made with the Southern Regional Education Board in Atlanta for using Title V monies to establish a visiting nurse team which will be a part of the Diagnostic Outpatient Clinic at the Center. This team will visit communities in western North Carolina in order to "short circuit" our waiting list and to provide more adequate follow-up of discharged patients. This service will be utilized in the graduate training program for registered nurses.

Plans are currently being drawn for a 28,000 square foot Rehabilitation Unit to be built across from the campus of Western Carolina Center. Personnel for the Rehabilitation Unit are already being collected. The Rehabilitation Unit comes under the immediate supervision of the State Director of Vocational Rehabilitation and will eventually have a staff of approximately forty-one professionals. On the local level the program will be jointly administered by the Western Carolina Center, State Vocational Rehabilitation, and Broughton Hospital. Patients will receive pre-vocational training at Western Carolina Center and Broughton Hospital. Having successfully completed that phase, the patient will be transferred to the Rehabilitation Unit for more specialized training for job placement. Such vocations as nursing aide, woodwork, upholstering, agriculture, small appliance work, metal work, and garage mechanics will be included in the program at the Rehabilitation Unit. Trained social workers as well as rehabilitation counselors will aid in the selection

and processing of patients for the rehabilitation program. On completion of such a program, the patient might be placed directly back into his own community where he would receive continued training and support from vocational counselors, or go to the specially designed rehabilitation houses which are being readied. The addition of an active and complete Rehabilitation Unit will allow for patients being discharged from the Center and Broughton Hospital to make more permanent attachments in the communities.

We hope that the program at Western Carolina Center reflects not only a progressive, but perhaps unique approach to the problem of mental handicaps in children. The program is based on the need to see mental handicaps on a continuum with a spread from "normality" to severe mental defect. This approach does not allow for artificial segregation of various mental handicaps.

Today, many people and programs attempt to separate the mentally retarded from the emotionally disturbed. To do this is in no way rewarding. As has been mentioned earlier, few "pure cultures" are seen. More often there is a combination of psychosocial and medical difficulties. It is very difficult at times to decide whether the primary problem is of an organic nature or of a psychosocial nature. Determining the primary etiology is not nearly as rewarding as determining which of these aspects of the handicap contributes most to the problems of living that face the patient.

Western Carolina Center is attempting to use the multidiscipline approach in treating the child with mental handicaps. Great distinction is not made between treatment programs for the emotionally disturbed and mentally subnormal. Emphasis is being placed on creating a milieu which will not be detrimental to the patients or lead to harmful "institutional effects."



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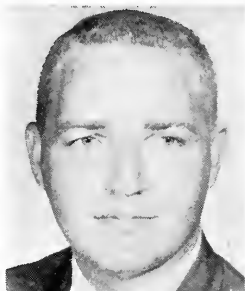
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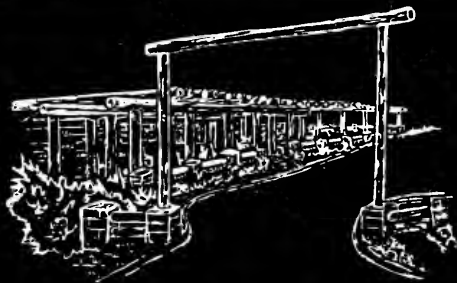
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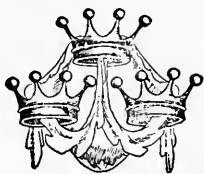
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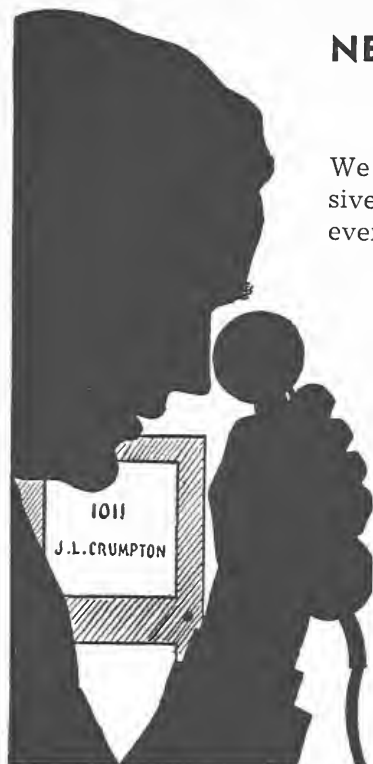
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Age 65

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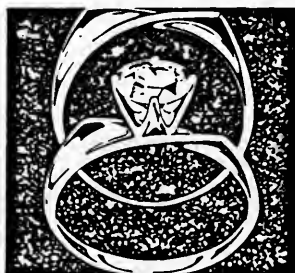
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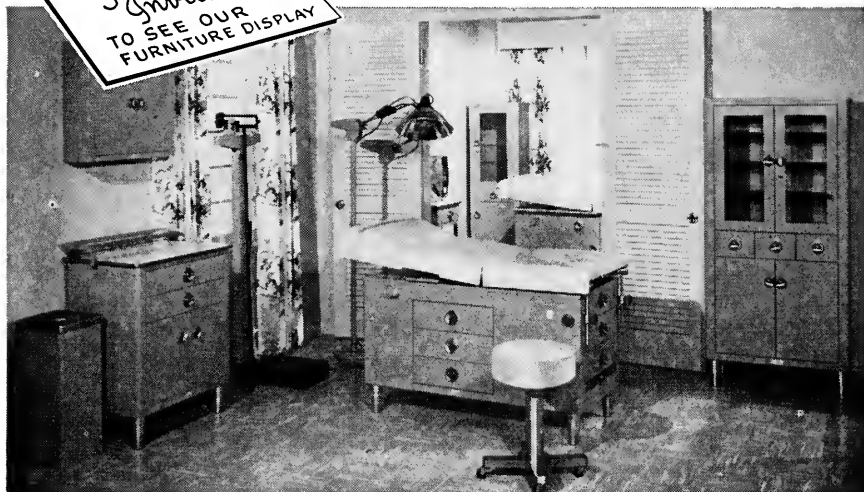
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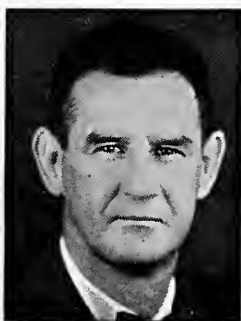
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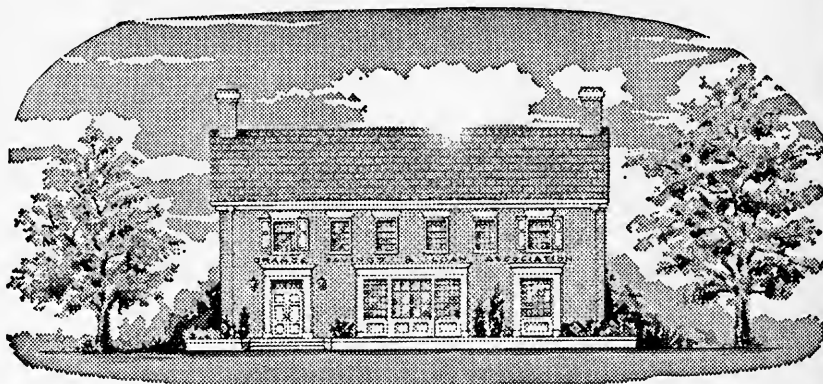
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THE BULLETIN

OF THE SCHOOL OF MEDICINE
OF THE UNIVERSITY OF NORTH CAROLINA

Published in cooperation with the Whitehead Medical Society
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THE CLASS OF 1965

GERALD LEON ADAMS: Jerry, 25, is a native of High Point, N. C. He attended Wake Forest where he received his B.S. degree in Biology in 1961. Jerry and his wife Tamoria, with their daughter Heather, will be in Charlotte, N. C. where he will do an internship



at Charlotte Memorial. His future plans are for a general practice.

RICHARD MILLIKAN ADERHOLD:

Rick is from Greensboro, N. C. and is 25. He obtained his B.S. degree in 1961 from Davidson College. Rick served as senior class representative to the Whitehead Council. His medical internship will be done at the University of Florida, Gainesville, and his future interests lie in neurology.



ERNEST GAIL BARKER, JR.: Gail is 25 and is from Raleigh, N. C. He was graduated from the University of North Carolina in 1961 with an A.B. degree in English with honors. Gail will be going to Lexington, Ky. for a straight medicine internship at the University of Kentucky Hospitals. Possibly he will enter a surgical training program later. He plans to practice in N. C.



G WILLIAM BATES: Bill, 25, is from Charlotte, N. C. He is a graduate of the University of North Carolina, receiving his B.S. degree in Medicine in 1962. He and his wife Mary Louise, of Huntersville, N. C., with their son Jimmy will be in Birmingham, Ala., where Bill will do a mixed internship in medicine and surgery at University

Hospital and Hillman Clinic. He plans a residency in Ob-Gyn and a practice in N. C.

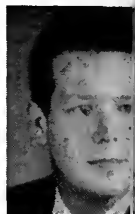


JAMES WAYNE BATTLE, JR.: Wayne is from Andrews, N. C. He attended the University of North Carolina and received his A.B. degree in Zoology in 1961. Wayne will do a surgical internship at the University of Alabama in Birmingham.



LESLIE BERNARD BRANCH, JR.:

Bernard, 25, is a native of Durham, N. C. and is married to the former Sue Wallace of Chapel Hill. He received his A.B. degree in Chemistry in 1961 from Duke University. Bernard will have an Army internship at Madigan General in Tacoma, Wash., and he then plans to take a residency in pediatrics.



THOMAS HOWARD BRIDGES: Tom is from Shelby, N. C. and is 31. He was graduated from the University of North Carolina in 1955 with a B.S. degree in Business Administration. Tom's wife Jeanne is also of Shelby; they have two children, Chris and David. Tom will do a mixed



medicine internship at Watts Hospital in Durham, N. C. and plans a general practice after a year of residency.

DANIEL ELMER BROWN: Dan is a native of Selma, N. C. He attended the University of North Carolina and obtained his A.B. degree in 1961. Dan and his wife, the former Barbara Ann Poag, will be in Gainesville, Fla., where he will do a pediatrics internship at the University of Florida. He plans a residency in pediatrics.



MES OTIS BURKE, JR.: Jim, 25, is from Lexington, N. C. He is married to the former Gayle Ward, also of Lexington, and they have two daughters, Lisa and Abby. Jim majored in pre-med at Davidson College and received his B.S. degree in 1961. He is a member

Alpha Omega Alpha and served as president of the junior class. Jim will do an internship in pediatrics at North Carolina Memorial Hospital and after his residency plans a private pediatric practice.

BILLY LEE CARROLL: Billy is 28 and from Concord, N. C. He attended the University of North Carolina, receiving his A.B. degree in Chemistry in 1961. Billy and his wife, former Norma Pate Cherryville, N. C., together with their children, Sherry, Nancy, and William, will be in Knoxville where he will do a straight surgery internship at the University of Florida.

SILAS B. COLEY, JR.: Silas is from Raleigh, N. C. and is 31. He received his B.S. degree in Business Economics from the University of North Carolina in 1956 and his A.B. degree in Chemistry from the University of Miami in 1961. Silas served as president of the junior class. He and his wife Rachael with their son Si will be staying in Chapel Hill where he will do a straight medicine internship at North Carolina Memorial Hospital.

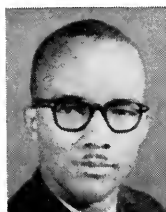
HAL FRANKLIN COLLIER: Hal, 26, is from Bladenboro, N. C. He is a graduate of the University of North Carolina and received his A.B. degree in English in 1961. Hal, with his wife Dianne and daughter Lisa Dianne, will be in New York where he will take a straight sur-

gery internship with the United States Public Health Service, Staten Island. He plans a residency in general surgery or ENT followed by a private practice.

TAKEY CRIST: Takey is 27 and a native of Jacksonville, N. C. He received his A.B. degree in Philosophy in 1959 from the University of North Carolina. Takey and his wife Pat, formerly Patricia Brown of Goldsboro, N. C., with their children Gloria Carol and Jason Price, will be in Charleston where Takey will do a mixed surgery internship at the University of South Carolina. He plans to go into general practice or Ob-Gyn.

RICHARD MERRILL DOUGHTEN: Rich, 28, hails from Paris, France; he is married to the former Barbara Dean Payne of Rural Hall, N. C. and they have a daughter, Kimberly Dean. In 1957, Rich received his A.B. degree in Chemistry from Princeton University. He served on the medical school Honor Council, being its chairman in 1964-1965. Rich and his family will stay in Chapel Hill for his internship in pediatrics at North Carolina Memorial Hospital. After his residency Rich plans a private practice in the south-east.

TALLY H. EDDINGS, II: Tally, a native of Tabor City, N. C. is 26. He is married to the former Kathryn Everitt of Madison, Georgia. They have a son, Tally H., III. Tally was graduated from the University of North Carolina in 1960, receiving an A.B. degree. He will do a rotating internship at Scott Air Force Base Hospital in Belleville, Ill. and plans a family practice.

BALAAM THALPHONZA ELLIOTT, JR.:

Thal is 25 and is from Whiteville, N. C. He is a graduate of the University of North Carolina and received his B.S. degree in Medicine in 1961 after attending the University of Göttingen in West Germany for a

year. He and his wife, the former Edith Mayfield of Winston-Salem, have one son, Balaam Thalphonza, III. Thal will do a straight pediatrics internship at North Carolina Memorial Hospital. Plans to practice in Greensboro.

ROBERT VERNON FULK, JR.:

R. V., 24, is a native of Wilmington, N. C. He attended the University of North Carolina where, in 1961, he received his A.B. degree in English. R. V. served as president of the sophomore medical class and was the recipient of the Mosby Award in his junior year. He will take a pediatrics internship at Children's Medical Center in Boston, Mass.

**EDGAR GIVENS GALLAGHER, JR.:**

Ed is from Charlotte, N. C. and is 25. He attended the University of South Carolina and the University of North Carolina, receiving his A.B. degree from the latter in 1961. Ed will stay in Chapel Hill to do a straight surgical

internship at North Carolina Memorial Hospital and plans a future in orthopedic surgery.

JAMES ALFRED GASKINS, JR.:

Jim, 27, was graduated from the University of North Carolina with an A.B. degree in Chemistry in 1960. His internship is in surgery at the University of Kentucky Medical Center in Lexington, Ky. Jim plans to continue in surgery and return to New Bern, N. C., his home town, to practice.

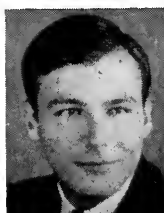
**MARVIN RAY GOLDSTEIN:**

Marvin is 25 and his home is Wadsworth, Ohio. He is a graduate of Oberlin College where he received a degree in Zoology and Chemistry in 1960. His wife, the former Jacqueline Friedman, is from Akron, Ohio. They will

be going to Phoenix, Ariz. where Marvin will take an internship in internal medicine at Good Samaritan Hospital. He plans a residency also in internal medicine.

MYRON ARTHUR GOODMAN:

Myron is 25 and is from Salisbury, N. C. He received his A.B. degree from Duke University in 1961. Myron will do a mixed medicine and pediatrics internship at the University of Alabama in Birmingham.

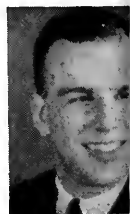
**CHARLES PATTISON GRAHAM:**

Charlie, 24, is a native of Wilmington, N. C. and has served during the past year as treasurer of the senior class. He attended the University of North Carolina, and in 1961, received his A.B. degree in History. Charlie will

be going to Nashville, Tenn. for a straight surgery internship at Vanderbilt Hospital. He plans to return to Wilmington for a practice in surgery.

ROBERT LEE GRUBB, JR.:

Bob is from Charlotte, N. C. and is 24. He received his A.B. degree in Chemistry in 1961 from the University of North Carolina. During his senior year Bob served as president of Alpha Omega Alpha. He is married to the former Julia Doar, also of Charlotte. Bob and Pannie will be in St. Louis, Mo. where he will do an internship in surgery at Barnes Hospital. Bob plans a private practice in surgery probably in Charlotte.



BEN BENJAMIN HAMMETT: Ben, 26, is from Pennsboro, W. Va. He attended the University of North Carolina where he received his B.S. degree in Science Teaching in 1960. His wife is the former Beth Fleming of Chapel Hill and their son is John William.

He will do a medicine internship at North Carolina Memorial Hospital; after a residency in internal medicine he will join the U. S. Public Health Service for two years. He plans to practice internal medicine in North Carolina.

JOE WILLIAM HARDISON: Joe is 25, a native of Fayetteville, N. C. After attending North Carolina State he transferred to the University of North Carolina where he received a B.S. degree in Medicine in 1962. Joe and his wife Judy, also of Fayetteville, will be in Richmond where he will do a rotating internship at the Medical College of Virginia. He plans to practice either an Ob-Gyn or family practice.

RONALD EUGENE HARRIS: Don is 25 and his home is in Rocky Mount, N. C. He attended the University of North Carolina, receiving his A.B. degree in History in 1961. Don will be doing an internship in internal medicine at the University of Florida in Gainesville. After his military service he will practice in internal medicine and one of its subspecialties in Florida.

ALEXANDER CLOVIS HATTAWAY, Sandy, 25, is from Pennsboro, N. C. He graduated in 1961 from Davidson College with a B.S. degree after working in pre-medical work, with his wife, originally from Anderson, S. C., will be doing his surgery internship at North Carolina Memorial Hospital.



DAVID CHARLES HEFELFINGER:



David, 27, and his wife, the former Virginia Mauney, are both from Charlotte, N. C. David attended Duke University, Charlotte College, and the University of North Carolina, receiving his A.B. in Economics from the latter

in 1961. They will be going to Nashville, Tenn. where David will do a pediatrics internship at Vanderbilt Hospital. After his residency, he plans to practice pediatrics in North Carolina.

EDGAR JEROME HOCUTT: Jerry is 26 and his home is in Chapel Hill. He is a graduate of the University of North Carolina, receiving his A.B. degree in English in 1961. He is married to the former Maxine Lee of Memphis, Tenn. Jerry is a member of Alpha Omega Alpha and served as the secretary of the Whitehead Society during his junior year. He will do a straight medicine internship at Barnes Hospital in St. Louis, Mo. After a residency in internal medicine he plans to practice this specialty.



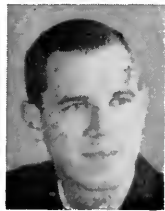
HOWARD HOLDERNES, JR.:



Howard's home is in Greensboro, N. C.; he is 25 and graduated in 1961 from the University of North Carolina with an A.B. degree in English. Howard is to be married on June 5, 1965, to Marty Jordan of Greensboro. They

will be living in Palo Alto, Calif. where Howard will do a surgical internship at Stanford University.

JOE PAUL HURT: Joe is 27 and is from Raleigh, N. C. He attended the University of North Carolina and in 1960 received an A.B. degree in English. During medical school Joe was a post-sophomore fellow in pathology and received a Master of Science in Experimental



Pathology in 1964. He will do a pathology internship at North Carolina Memorial Hospital and is planning a career in academic clinical pathology.

BERNARD ROY JACK: Buzz, 32, is from Leechburg, Pa. and attended Duke University from which he was graduated in 1954 with an A.B. degree in English. Buzz served as the vice-president of the sophomore and senior medical classes. His wife Phyllis is originally from Charlotte, N. C.; they have two children, Michael, age 7, and Julie, age 5. Buzz and his family will stay in Chapel Hill for his straight surgery internship at North Carolina Memorial Hospital, sponsored by the U. S. Air Force. His civilian residency will also be sponsored by the Air Force.



NANCY ELIZABETH JERNIGAN: Nancy, 31, is from Dunn, N. C.; she has a daughter Teri Dianne. Nancy graduated from the University of North Carolina in 1961 with an A.B. degree in Chemistry. She will do a straight medicine internship at George Washington University in Washington, D. C. followed by a residency in psychiatry.



HORTON GRAY JOLLY: Horton is from Ayden, N. C. and is 25. He graduated from the University of North Carolina in 1961 with an A.B. degree in Chemistry. Horton is married to the former Marcia Davis of Asheville, N. C. and they have two children, Horton Gray, II, and Douglas Kenyon. His internship will be at the University of Florida, Gainesville, in surgery.



JOHN EDWARD KEITER: John from Kinston, N. C. is 26. He received a B.S. degree from Davidson College in 1961, majoring in pre-medicine. He has served on the medical school Honor Council. John's wife is the former Phyllis Whitenack of Bluefield



W. Va.; they have one daughter, Katherine Windsor. John will do a straight surgery internship at North Carolina Memorial Hospital.

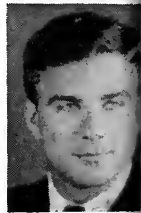
ROBERT THOMAS KINDLEY: Bob is 25 and a native of Thomasville, N. C. He attended Emory University, receiving his A.B. degree in Biology in 1961. During his senior year Bob served on the medical school Honor Council. He is married to the former Francoise Brugnion of Paris, France. Bob will do an internship in pediatrics at Vanderbilt Hospital, Nashville, Tenn.



WILLIAM CLEVELAND LANGDOPE: Bill is 25 and is from Coats, N. C. He received his B.S. degree in Science Teaching from the University of North Carolina in 1961. Bill will do a mixed medicine internship at the Medical College of Virginia in Richmond and plans a residency in Ob-Gyn.



RICHARD EDWARD LASSITER: Richard, 24, comes from Colerain, N. C. He attended the University of North Carolina, receiving his B.S. degree in Medicine in 1962. Richard is engaged to Mary Elizabeth Walston of Snow Hill, N. C.; they will be married on June 5, 1965, and will then move to Lexington, Ky. where Richard will do a mixed medicine and surgery internship at the University of Kentucky. He plans an Ob-Gyn residency.



GORDON BUCK LEGRAND: Gordon is from Chapel Hill, N. C. and is 25. He graduated from Davidson College with a B.S. degree in Medicine in 1961. Gordon served as secretary of the Junior medical class. He will stay in Chapel Hill to do an internship in pathology at North Carolina Memorial Hospital and plans a private practice in pathology.

NEIL LOVE: Neil is 26 and a native of Newton, N. C. He is a graduate of Duke University with a B.S. degree in Psychology, received in 1961. Neil's wife Nancy is from Hickory, N. C. They have three children, David, Katherine, and Susan. Neil and his family will move to Lexington, Ky. where he will do a mixed medicine and pediatrics internship at the University of Kentucky. He plans a family practice.

ELLEN MASSEY: Sue is 25 and her hometown is Smithfield, N. C. She graduated from Duke University in 1961 with an A.B. degree in Chemistry. She has served as secretary of the sophomore and senior medical classes. She will go to New York for an internship at Syracuse.

WAYNE MAYHUE: Wayne is from Kings Mountain, N. C. and is 25. He received his B.S. degree in Medicine from the University of North Carolina in 1962. Wayne married the former Judith Unbeck of Richmond, Va. They will be in Birmingham, Ala. where they will do an internship at the University Hospital and Hillman Clinic. He plans to do a residency in a surgical specialty.



JAMES WILLIAM MCGEE, IV: Jim is 26 and from Greenville, N. C. He attended the University of North Carolina, graduating in 1960 with an A.B. degree in English. Jim's wife is the former Dee Ann Gardner, also of Greenville; they have a son, Robert. They will



be moving to San Antonio, Texas where Jim has a rotating internship at Wilford Hall Hospital at Lackland Air Force Base.

CHARLES THOMAS McLEES: Tom, 33, is from Greensboro, N. C. He attended Clemson College and transferred to Greensboro College where he received a B.S. degree in Biology in 1959. He and his wife Cordelia, originally from Randleman, N. C., have three children, Elise, Thomas and Michael. They will be moving to Richmond where Tom will do a pathology internship at the Medical College of Virginia. He plans a residency leading to board certification in pathology.



DAVID GWIN McLEOD: Dave is 29 and a native of Fayetteville, N. C. He received an A.A. degree from Campbell College in 1958 and in 1961, his A.B. degree from the University of North Carolina. He will do a rotating internship at Walter Reed Army Hos-



pital in Washington, D. C. and plans an army residency in some branch of surgery.

MALCOLM NOELL McLEOD: Malcolm, 26, is from Sanford, N. C. He is a graduate of the University of North Carolina, receiving his A.B. degree in English in 1956. During medical school he was a post-sophomore fellow in pathology. Malcolm's wife is the



former Vickie Avery from Greenville, N. C. His mixed medicine and psychiatry internship will be done at Upstate Medical Center, Syracuse, N. Y. He plans an academic career in psychiatry.

WILLIAM DUMAS McLESTER: Bill is from Rockingham, N. C. and is 28. He attended the University of North Carolina where in 1959, he received his A.B. degree in English. Bill and his wife, the former Angela Hollingsworth of Charleston, S. C., have a daughter

Susan. They will be in Chapel Hill where Bill will do a pathology internship at North Carolina Memorial Hospital followed by a pathology residency.

DONALD DRAKE McNEILL, JR.: Don is 25 and a native of Charlotte, N. C. In 1961 he received a B.S. degree in Chemistry and Biology from Davidson College. Don served as treasurer of the first year medical class. He and his wife Ann, originally from Valdese, N. C., will be going to Richmond, Va. for his straight medicine internship at the Medical College of Virginia. Don plans to take a residency in dermatology.

PETER ALBERT MODROW: Pete is from Bloomfield, N. J. and is 25. He was graduated from the University of North Carolina in 1961 with an A.B. degree in Chemistry. He served as president of the first year medical class, as secretary of Phi Chi, and as vice-president of Phi Chi. Pete and his wife, the former Sandra La Bar of Belleville, N. J., with their children Priscilla and Michael will be in Danville, Pa. where he will do a mixed medicine internship at Geisinger Medical Center. Pete plans a private practice after a residency in psychiatry.

JESSE ROBERT PEEL: Jesse is 25 and is from Everetts, N. He attended the University of North Carolina and received a B.S. degree in Medicine in 1962. After his mixed medicine and pediatrics internship at North Carolina Memorial Hospital he plans a residency



in internal medicine and a private practice.

JAMES LAUGHTON PHILLIPS: Jim is 25, is a native of Morehead City, N. C. He is a graduate of the University of North Carolina, receiving his A.B. degree in Chemistry in 1961. His wife is the former Beth Johnson of Raleigh, N. C. They will be in Baltimore, Md. where Jim will do a straight surgery internship at Johns Hopkins. He plans a future in academic orthopedic surgery.



LLEWELLYN PHILLIPS, II: Lew is from Morehead City, N. C. and is 24. He received a B.S. degree in Medicine from the University of North Carolina in 1962. In medical school Lew has served as treasurer, vice-president and president of the Whitehead Society.

He will go to San Francisco, Calif. for a rotating internship at Letterman General Hospital, U. S. Army.

THOMAS LEMUEL PRESSON: Tom is 24 and a native of Monroe, N. C. He attended the University of North Carolina and received a B.S. degree in Medicine in 1962. Tom and his wife, the former Ramona Thomas of Winston-Salem, N. C., will go to New York City where he has a surgery internship at Columbia Presbyterian Hospital. Future plans are for a residency training in orthopedics followed by either



private practice or academic medicine.
CHMOND CRAIG ROBERTS: Craig, 25, is from Leaksville, N. C. and is a graduate of Duke University, receiving an A.B. degree in Chemistry in 1961. He is married to the former Diana Myers of Rockford, Ill. and they have one daughter, Maria Lynn. Craig's internship will be in straight surgery at Syracuse Medical Center, Syracuse, N. Y. His future plans are for specialization in general surgery.

LIAM FLOYD SAYERS: Bill is from Gastonia, N. C. He is 26. He graduated from the University of North Carolina in 1961 with an A.B. degree in history. In medical school he has served on the Honor Council and is president of the senior class. Bill and his wife, the former Betty Hayes of Chapel Hill, N. C., will go to Cleveland, Ohio where he has a straight pediatrics internship at University Hospitals of Cleveland. Future plans are for a pediatrics residency.

IN BRADLEY SHINN: John is 25 and is a native of China Grove, N. C. He graduated from the University of North Carolina in 1961 with an A.B. degree in History. John will go to Palo Alto, Calif. for a surgery internship at Stanford University Hospital. He has a general surgery residency.

N HENDERSON SIDES, III: Evin, is from Concord, N. C. and is a 1958 graduate of Wake Forest College with a B.S. degree in General Sciences. He is married to the former Bonnie Howland of Wilson, N. C. and they have one son, Evin. Evin's internship is in straight medicine at North Carolina

Baptist Hospital in Winston-Salem. Following a residency in internal medicine, he plans to practice internal medicine in North Carolina.

WILLIAMSON BEASLEY STRUM: Bill is from Roxboro, N. C. and is 25. He graduated from Wake Forest with a B.S. degree in 1961. Bill will do a medicine internship at the University of Florida, Gainesville. Future plans are for a residency in internal medicine.

HENRY PAIGE TUTT: Henry is 24 and is from Jacksonville, N. C. He received a B.S. degree in Medicine from the University of North Carolina in 1962. In medical school Henry received a Smith, Kline, and French Fellowship. He will go to Montreal, Quebec for a straight surgery internship at Royal Victoria Hospital, McGill University. A residency in neurosurgery is planned.

RALPH NORMAN WESLEY, JR.: Ralph, 25, is from Charlotte, N. C. and is a 1961 graduate of Davidson College with a B.S. Pre-Medical degree. He has a straight medicine internship at University Hospital and Hillman Clinic, Birmingham, Ala. He plans a family practice or a specialty in cardiology.

CHARLES LYNE WHITFIELD: Charlie is from Atlanta, Ga., and is 26. In 1960 he graduated from the University of North Carolina with an A. B. degree in English. Charlie and his wife Sandy, who is from Martinsville, Va., will go to Birmingham, Ala. where he will do a mixed medicine-pediatrics internship at the University of Alabama. Future plans are for either internal



medicine or general practice.

DONALD PHILLIP WHITLEY: Don, 26, is from Hickory, N. C. and is a graduate of Davidson College with a B.S. degree in Pre-Medicine in 1960. He has a rotating internship at Andrews Air Force Base Hospital in Washington, D. C. Don plans a residency in pediatrics and/or internal medicine followed by a practice in pieamont North Carolina.



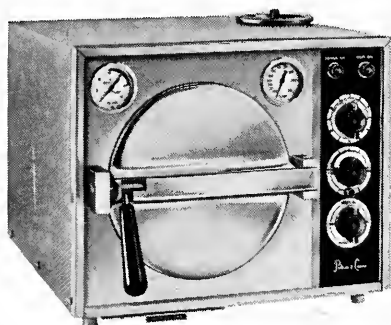
WILLIS HOWARD WILLIAMS: Willi



is 23 and is a native of Robbins, N. C. He received a B.S. degree in Medicine from the University of North Carolina in 1962. In medical school Willis served on the Whitehead Council and received the William MacNider Award and the A. Price Heusner Award. His internship will be at the Massachusetts General Hospital, Boston, Mass. in surgery. After a surgical residency he plans a career in academic medicine.

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A Career in Medicine

by DR. LOUIS G. WELT

Ladies and gentlemen, let me extend a welcome to you and thank you very much for coming here today. Dr. Fordham and his colleagues have arranged in an imaginative and thoughtful fashion a series of vignettes aimed at providing you with some insight into a medical school program and the opportunities for a fulfilling career as a physician. Although the sample is admittedly small, it does, nevertheless, provide a group of data from which I am certain you can extrapolate and visualize many of the potentials.

Let us examine for a moment what you have seen. First of all, a good example of a physiologic approach to the understanding of problems in acid-base chemistry has been illustrated by Dr. Rabinowitz. This exercise demonstrated a way of elucidating the responses of the organism as a whole and its component parts to the impact of a distortion in its composition as this is influenced by the retention or excretion by way of the lungs of a unique compound, CO_2 , which at one moment can combine with water to form an acid and contribute hydrogen ions, and at another time can become dehydrated to a gas and be exhaled through the lungs. The manner in which the buffers of the body fluids, ion exchange mechanisms, the kidneys and the lungs articulate to afford a reasonably constant internal environment is illustrated. These data are readily translated to disease circumstances, and with this understanding we are in a better position to evaluate and to manage a patient's illness. The determinations made during the course of this study employed sophisticated instrumentation used in a meticulous fashion so that pH and the partial pressure of carbon dioxide could be known with considerable validity and confidence.

Then you had an opportunity to see a kidney biopsy—a tiny sliver of kidney tissue. This is obtained with a hollow needle plunged through the skin into the kidney tissue itself. If one is eminently successful, one may find as many as ten or even twenty kidney units in this tissue. Mind you, there are a million such units in each kidney, so that we are dealing with a sample approximately equivalent to 1/100,000th of the kidney tissue at most. However, with care in the preparation of the tissue and in its staining, coupled with its evaluation by the practiced eye of the pathologist along with the details of the historical events of the patient's illness and laboratory data, one can frequently make a specific

About one hundred pre-medical students were guests of the School of Medicine on 27 March, 1965. The program, an ambitious and substantive one, was planned and directed by Dr. Earl Somers and an ad hoc committee of the Medical Faculty. The morning's program was summarized by Dr. Louis G. Welt, Professor of Medicine, whose remarks succinctly and eloquently consider some of the challenges and the opportunities of medicine as a career.

diagnosis concerning the disease of the kidney itself, and, furthermore, one may be able to state with considerable confidence the nature of lesions that exist outside the kidney. This seems like a remarkable feat, and it is; but it is also now a commonplace event. Nevertheless, it was barely a dream twenty to twenty-five years ago.

Then you saw pictures of tissue as seen with an electron microscope: an opportunity to study ultra-fine structure. And now we are visualizing a strange and wonderful new world. Ultimately, one may be able to detect distortions of molecular structure—and there is no doubt that many disease processes represent disorders of molecular structure. If we one day understand the nature of the distortion of molecules, we may be in a position to restore them to a more nearly normal state, thereby opening vast new fields of medical treatment.

You saw our Clinical Research Unit, and Dr. Blythe told you of some of the things we are doing with patients whose kidneys are so destroyed that they would die were it not possible to substitute artificial means to rid the body of its waste materials. The usefulness of this kind of therapeutic approach needs careful and objective evaluation. Toward this end we have the collaboration of colleagues from many disciplines, so that the consequences of terminal renal failure and its management can be studied from many points of view—always with the hope of providing better means of helping the disabled individual.

Finally, you saw a surgeon, Dr. Simmons, a radiologist, Dr. Rice, and an anesthesiologist, Dr. Sugioka, involved as a team in the delicate process of removing an offensive stone from a kidney, thereby preserving kidney function in a situation which, if left alone, would lead to complete destruction of that organ.

In a sense, you have seen a small sample but still a varied and panoramic view of our activities which should provide you with an idea of how many opportunities are available in terms of an ultimate career, and in the preparation for that personal choice: an idea of the type of exposure you would have at this medical school to enable you to make a career choice.

With all this variety there still is a continuing thread throughout: whether it is the design of the dog experiment, or the elegance of the instrument used for the chemical determinations, or the precision of the microscope, or the talent with which the tissue was prepared for examination, or the quality of the interpretation of the pathologist and the clinician, or the advances that are evident in keeping alive a patient who makes no urine, or the exquisite manual dexterity of the surgeon, and, even more important, the skill in making the judgment as to when he should employ that surgical talent. The continuing thread that I see in all of this is found in meticulous attention to detail, elegant use of the old and the new, and a strong sense of responsibility and good judgment, all of which combined make a superb physician.

One often hears discussions as to how difficult medical education is. This is true—it isn't easy—but, importantly, one should know that it is also fun. The word is not used in a demeaning sense, but to emphasize that medical education is exciting. Surely mountain climbing is hard work, but it must obviously be exciting and fulfilling for some. By the same token, medicine is hard work, but it, too, is exciting and fulfilling. This facet of the problem was neatly summed

(Continued on page 33)

Nonrefundable Grants as an Aid in Financing Medical Education

by JOHN MITCHELL SORROW, JR., M.D.*

The increasing need for nonrefundable grants as an aid in financing medical education was discussed in the December, 1963 Medical School Bulletin.¹ This need has in no sense diminished; and a recent review of the problem suggests that, if the medical schools are to continue to ensure a constant and increased supply of well-trained physicians, a five-fold increase in the amount of nonrefundable awards available will be advisable in the immediate future.² The necessity for additional scholarship funds is the number one problem facing educators whose major responsibility is the financing of the medical students' education. The increased availability of low interest or no interest loans has eased the burden but has not negated the urgent need for increased nonrefundable grants. This is demonstrated when one compares the availability nationally of nonrefundable grants to graduate students in arts and sciences with those to medical students. In 1963, 68 per cent of all the graduate students in the arts and sciences (and 81% of the graduate students in the life sciences alone) received some form of nonrefundable aid either in the form of fellowships, scholarships, research or teaching assistantships, or some combination of these. By way of comparison, only 17% (or one-fourth as many) of the medical students received such aid; and if such aid was received, the average stipend proved to be only one-fourth as large.² This is pointed out not to suggest that the arts and sciences students should not receive the assistance given them but to indicate the real need for more such funds for students of medicine.

This year at the University of North Carolina School of Medicine, a total of \$39,800 in nonrefundable grants was awarded to 99 of the 118 students applying for such aid. This compares with \$36,790 given to 95 students last year, and \$2,651.07 available to 12 students in 1957-1958. We can be pleased but not complacent with the continuing progress which the Medical School has made in this area, realizing that, while the increase in funds has been gratifying, the total available to our students remains far short of the amount needed.

The funds here have come from various sources—foundations, banks, industry, individuals, and groups of individuals honoring relatives and friends or simply honoring the Medical School itself. Funds from alumni or donations in memory of alumni constitute one of the largest single sources of support for the grants and scholarship program. This year the Alumni Loyalty Fund provided money totaling \$9,000 to 34 students, while funds for 14 additional name scholarships amounting to \$4,650 were contributed also by alumni or in memory of alumni. Thus, medical alumni were directly or indirectly responsible for 35% of the total nonrefundable funds awarded, assisting 48% of the students receiving such financial aid. The individual grants varied from \$150 to \$500 but where awards were of small amounts several sources were combined to make a more substantial total scholarship.

The Medical School is very proud of the contributions which its alumni have made in supporting medical education in this manner and is pleased to

* Dr. Sorrow, U.N.C. Med. '44, is Associate Professor of Medicine and Assistant to the Dean, U.N.C. School of Medicine.



ALUMNI FUND SCHOLARSHIPS—1964-65—Left to right: 1st Row: Phillip Coleman (first year), Greenville; Robert Shearin (first year), Raleigh; Frank Leak (second year), Rockingham; Robert Gibson (third year), Winchester, Virginia; Edward Aycock (first year), Charlotte. 2nd Row: Fred McConnel (first year), Asheville; George Lothian (first year), Raleigh; *Rhoderick Williams, Jr. (second year), Farmville; Weldon Durlap (second year), Asheboro; Benjamin Ward, Jr. (second year), Goldsboro; Evin Side III (fourth year), Concord. 3rd Row: *Robert Sevier (third year), Asheville; David Hefelfinger (fourth year), Charlotte; *Willis Williams (fourth year), Robbins; *Thomas Presson (fourth year), Monroe; George Cox (third year), Charlotte; Hal Collier (fourth year), Bladenboro; Ralph Wesley (fourth year), Charlotte. 4th Row: *Joe Hurt (fourth year), Raleigh; Willis Archer (third year), Salisbury; Edgar Gallagher (fourth year),

* Merit scholarship



Charlotte; Daniel Brown (fourth year), Selma; Gerald Adams (fourth year), High Point.
 Back Row: Alan Craig (first year), Lenoir; Kenneth Pons (third year), Valdese; Alexander Hattaway, III (fourth year), Concord; Benjamin Hammett (fourth year), Pennsylvania, West Virginia; William Bates (fourth year), Charlotte; *R. V. Fulk, Jr. (fourth year), Wilmington; Donald McNeill (fourth year), Charlotte; William Rawls (third year), Rocky Mount; *Theodore Kiesselbach (second year), Chapel Hill.
 Present for the photograph: (Fourth Year): Thal Elliott, Jr., Whiteville; Myron Rodman, Salisbury; Robert Grubb, Jr., Charlotte; Horton Jolly, Ayden; Donald Whitcomb, Hickory. (Third Year): Robert Bilbro, Greenville; Edgar Garrabrant, Wilmington; Col Hedden, Lenoir; Charles Scott, Haw River; *Hunter Vaughan, Tryon. (Second Year): *Gerald Blake, Jacksonville. (First Year): John Markham, Gastonia.

take this opportunity to express its thanks to the many individuals who have contributed so generously to this program.

Unfortunately, we will be awarding the last of the Avalon Foundation's grant next year (the last \$6,000 of the original \$24,000) and this will mean a real decrease in nonrefundable grants in this school unless other sources can be found to make up for this loss.

The majority of scholarships at the University of North Carolina School of Medicine are given on the basis of financial need, provided, of course, that the academic accomplishments of the recipient are satisfactory. We have long recognized however the desirability and need of having a limited awards program based entirely on merit, but only this year has the initiation of such a project been realized. \$1500 from the Alumni Loyalty Scholarship Fund was used for this purpose, with \$500 being awarded in each of the last three years of medical school. \$300 was to go to the student in each class with the highest academic average, and \$200 to the student with the next highest record; but, as might be expected, there were several identical averages and the amount awarded was divided among several individuals in instances where this occurred. In the future, the Riggins Scholarship, at the direction of the donor, will also be given on a merit basis.

The following new medical scholarship funds have been established at the University since last year:

(1) The Reece Berryhill Scholarship—Established by the Medical Parents Club to honor Dr. Reece Berryhill for his many years of devoted and inspiring service to the School of Medicine, the Scholarship will be a merit senior student award for outstanding academic achievement.

(2) The Dr. John Cotten Tayloe Scholarship—Made possible by a bequest to the Medical Foundation by the late Dr. Tayloe, a loyal alumnus, active Trustee, and long-time friend of the University.

(3) The Medical Student Wives Club Scholarship—Established by the Medical Student Wives Club to be awarded to a medical student at the University of North Carolina School of Medicine.

(4) The Alamance-Caswell Medical Auxiliary Scholarship—Established to provide financial assistance to a worthy student, preferably from Alamance or Caswell County.

The opportunity for additional student recognition and aid which has been afforded by these new scholarships is greatly appreciated.

Medicine secures its students from the same pool of intelligent, capable young people as the other professions and the graduate schools in arts and sciences. If it is to continue to draw the same type of top-flight scholars that have characterized its ranks in the past, medicine must be able to compete effectively for these students. It is therefore important that medicine be able to offer better financial aid to its students in the future than it can at present, especially if able and bright young people from the middle and lower income brackets are to be attracted into the profession.² Recent low interest loan funds have helped in this regard. The increase in nonrefundable awards available in the past few years is also a step in the right direction, but only a beginning in a program of nonrefundable support which must be expanded manyfold if the medical schools are to effectively meet the educational challenge of the future. As it has in the past, this Medical School will look once again to its alumni for continued and increased help and financial support in meeting this challenge.

1. The Bulletin, School of Medicine, Univ. of N. C. 11: 21, 1964.

2. Geithaml, J., and Johnson, D. G., J. of Med. Educ. 40: 245, 1965.

A Clinical Externship in Tanganyika

by HENRY PAIGE TUTT*

The Smith, Kline and French Foreign Fellowship afforded me a most remarkable and rewarding clinical experience. Through its resources, I was occasioned a summer clinical externship at Sengerema Catholic Mission Hospital in Tanganyika.

Sengerema is located about sixty miles southwest of Mwanza near the southern border of Lake Victoria. The hospital is staffed by a colony of Dutch nursing brothers and sisters and a single Dutch physician, Dr. A. P. Oomen. It was my good fortune that another physician, Dr. A. Tibosch, was doing a short period of training while I was there in order to begin his own practice in another part of Tanganyika. Recently arrived from Papuan New Guinea, he was able to offer many fine points of tropical medicine. In addition to the above, there were a limited number of African medical assistants, nurses, and dressers. The hospital has about 130 beds with separate wards for male, female, OB-Gyn, and pediatric divisions. The out-patient building contained an operating theater and treatment room, a pharmaceutical dispensary, and a small laboratory.

The peoples of the region are chiefly the Sukuma, a tribe of the larger Bantu nation. It is one of the largest tribes of East Africa, chiefly because of its subsistence pattern; an agricultural and cattle raising people, they clear their lands of trees and forests and thereby have unknowingly protected themselves from the scourges of the tsetse-fly borne African sleeping sickness, a disease which greatly reduced the numbers of their surrounding nomadic and hunting neighbors. There were a few Nyemwezi in the area and an occasional Watusi refugee from Burundi was encountered.

Compared to most of the people of Africa's bush, these natives are relatively prosperous. They raise most of their own food and have adopted cotton and rice as cash crops. The official language of Tanganyika is Swahili, although most of the people of this particular area still speak the Sukuma and Nyemwezi tribal languages. I did not experience the language difficulty I had anticipated, as most of the hospital's staff could speak English and served as interpreters for me.

Medical facilities in this part of Tanganyika are few and are scattered over great distances, with each small hospital often serving hundreds of square miles. Most of the bush hospitals are operated by European missions; a few government-supported hospitals are found in the larger African towns. Interspersed between the hospitals are government-supported dispensaries staffed by unqualified dressers who care for small wounds and such common diseases as malaria; their chief role is probably that of screening centers to refer serious cases to the hospitals. Transportation facilities are extremely limited in the bush of Tanganyika and the African will often walk for several days to obtain medi-

* Mr. Tutt, senior medical student at UNC, was a recipient of the Smith, Kline & French Foreign Fellowship for the study of tropical medicine during the summer of 1964.



FIGURE 1: *Local ambulance service at Sengerema.*

cal aid. I have seen cases of obstructed labor carried for 30 or 40 miles to Sengerema and once we admitted a patient with incarcerated inguinal hernia who had walked for many miles to reach us. If a patient is severely ill, they are borne in quickly constructed litters to the nearest hospital, the only type of ambulance service in the bush. (See figure 1.) Interestingly, the African will often pass many hospitals on his journey for medical care, for he believes that the further one travels, the better medicines one can obtain.

With such a sparsity of medical facilities, the average life span of the people of this area is about 35-40 years, partially due to a high infant mortality rate. Tropical infectious diseases account for most of the pathology of the region, with malaria, filariasis, shistosomiasis, tuberculosis, and venereal diseases predominating. In sharp contrast to the findings in our own country, diseases of the heart and circulatory system account for the lowest portion of the morbidity and mortality pattern.

After an initial introduction to all of Sengerema, I was placed in charge of the male wards for about one-half of the externship. Dr. Oomen allowed me to assume as much responsibility as I desired and always remained available for ready consultation. I admitted all patients on these wards and wrote orders for diagnostic procedures and therapy. I made daily morning rounds, with Dr. Oomen accompanying me about twice per week. I attempted to teach the dressers and medical assistants on a small scale during rounds. I felt that such was necessary, for once when asked where sputum came from, they all thought it was from the stomach. During that rotation, I dealt with a wide spectrum of diseases, including several patients with tuberculosis, several microcytic anemias from hookworm disease, several cases of meningitis, shistosomiasis *Mansoni* and *Haematobium*, malaria, amoebiasis, smallpox, and infectious hepatitis. A fre-

quent and difficult problem seen was portal hypertension and ascites from shistosomiasis *Mansoni*. An exceptionally high incidence of primary liver carcinoma has been reported in this area, thought possibly related to infection with *Mansoni*, and two cases were seen which seemed indeed to be hepatoma. A differentiation between amoebic abscess of the liver and primary hepatoma was a fairly common challenge. Gonorrhea presented almost daily, usually manifest as purulent urethritis or funiculitis, but often as peritonitis or fluctuant monoarthritis.

With such an array of diseases, I was able to perform many diagnostic and therapeutic procedures each day, such as thoracentesis, paracentesis and lumbar puncture. Surgery on the male wards was almost entirely restricted to below the umbilicus. Scrotal pathology from filariasis was the predominant surgical problem, chiefly manifest as unilateral hydrocoeles ranging from slight scrotal enlargements to tumors weighing up to thirty-five pounds. The treatment of these consisted of partial excision and eversion of the hydrocoele wall around the structures of the cord. The thick, fibrotic excess skin and subcutaneous tissues were excised and the results were generally quite rewarding. If the hydrocoele was found to be infected, a semicastration was performed. After assisting at a few of these operations, I became rather adept at executing the procedure and was allowed to do several by myself. By the end of the clerkship, I was well on the way to becoming an eminent scroto-logist. Other surgical conditions on the male wards were confined to elective and acutely incarcerated inguinal hernias, phimosis and paraphimosis, tropical extremity ulcers, and subcutaneous pyogenic abscesses. Interestingly, my first surgical experience among the Su-



FIGURE 2: *Emaciated teenaged Sukuma boy with tuberculosis. Note small lacerations on chest inflicted by witchdoctors, indicates previous sites of pain.*



FIGURE 3: *Child with Burkitt tumor prior to methotrexate therapy.*

kuma was presented in the form of a newborn calf with imperforate anus. The procedure required only a simple incision, but the calf's owners were quite pleased. Cattle are the pride of the Sukuma men, wealth by means of which they gain wives and esteem, and this remarkable cure quickly became known within the hospital compound.

During the second half of the externship, I was placed in similar charge of the female and children medical wards. The maternity section at the hospital was directed by the sisters who handled all deliveries except those complicated by obstructed labor and abnormal presentations. Actually, I did not concern myself with very much obstetrics, for at the time this was a fairly new subject for me, and I felt I should direct my attention to the endemic tropical pathology. I did have occasion, however, to assist at several Caesarian sections and many other obstetrical and gynecological procedures. Sterility from pelvic inflammatory disease is a prime problem in this area and the need of experienced obstetricians and gynecologists is great. Except for leg ulcers and abscesses, the chief surgical problems on the female wards fell into the obstetrical-gynecologic realm. The infectious tropical diseases seen were similar to those on the male wards except for gonorrheal pelvic inflammatory disease and post partum endometritis. A disease peculiar to the female wards, however, was a bizarre gangrenous mastitis, a disease of unknown etiology whereby the skin and subcutaneum of the breast sloughs and becomes secondarily infected. The breast is treated by daily dressings and later skin grafting on clean granulations. Another bizarre disease which was seen on the female wards, although not restricted to that sex, was tropical myositis. This also is a disease of unknown etiology, manifest as multiple cold subcutaneous abscesses of the trunk and lower extremities which eventually drain to the exterior and usually become secondarily infected with *Pseudomonas*.

The abscesses have been shown to be initially sterile and it is felt that sickle-cell anemia, filariasis, and vitamin deficiency predispose to the condition. This patient exhibited evidence of neither of these diseases. Her course was unremitting, progressing to a fatal toxic septicemia, refractory to all antibiotic therapy. Also on the female wards, I had occasion to treat several patients with pneumococcal pneumonia, a case of meningococcal meningitis, and one lung abscess, all of which showed gratifying response to therapy.

The pediatric ward offered the greatest challenge of all. Infectious diseases, of course, predominated, and *Falciparum* malaria was the number one problem. These children would present with high fevers and hepatosplenomegaly, appearing quite toxic and quickly becoming dehydrated with vomiting and diarrhea. Although a blood slide was taken just prior to institution of therapy, the diagnosis could usually be made by inspecting the skin over the splenic area, for the local witch doctors would make small lacerations over the large painful spleen and rub in "dawa" or native medicine. Fortunately, these children usually responded quickly to chloroquin injection and fluid therapy. Several children presented with cerebral *Falciparum* malaria and also responded to chloroquin therapy without detectable residua.

Native medicine poisoning remains a serious problem among these natives and every attempt was made to instruct patients of its dire consequences. The exact components of dawa are never known, but it is usually made from such all-healing materials as kerosene, ground match heads and local herbs. Often dawa is placed or blown into every orifice of an ill victim with fatal results from pneumonitis, bowel necrosis or renal and hepatic damage. More frequently, however, it is rubbed into lacerations made over a painful area and finding these lacerations gives clues to the underlying morbid process. I saw one emaciated



FIGURE 4: Same child as in figure 3 about one week after therapy.



FIGURE 5: *Tetanus neonatorum*. Note risus sardonicus, upper extremities during tonic spasm, and infected umbilicus.

teenaged Sukuma boy with numerous such lacerations over his entire chest, who was found to have extensive tuberculosis pneumonitis and pleuritis. (See figure 2.) In the out-patient clinic, I once saw a lad who had developed a conjunctivitis and native medicines placed in the eyes had caused extensive corneal ulcers with perforation into the anterior chamber and resultant blindness. I was told that he will probably be poisoned by his relatives to cease his misery. The governments of East Africa activate frequent purges against the witch doctors, and it is hoped that an end to such atrocities will be soon forthcoming.

Other frequent pediatric problems included hookworm disease with severe microcytic anemias, often in the range of hemoglobin 3.0-4.0 gm%, sickle cell anemia, kwashiorkor and other deficiency diseases, diarrhea and dehydration from *Salmonella* and *Shigella*, measles, smallpox, and occasionally poliomyelitis. Diarrhea and dehydration were especially difficult problems, as lack of methods for determining serum sodium and potassium concentrations made fluid therapy hazardous.

While on the pediatric service, I saw two especially interesting cases which I should like to consider in greater detail. One of these was a seven-year-old Sukuma pagan child, Kidan Kalala, who presented with firm painless swellings of about 3 weeks duration involving various parts of his face. The swelling had begun in the superior right maxillary area, but on admission the tumor was seen to involve all four quadrants of the jaw with apparent alveolar ridge destruction. There was presentation of the left orbit and the nasal airways were completely obstructed. (See figure 3.) Otherwise, the child did not appear ill and the remainder of the physical examination was within normal limits. White cell count was 10,000 with 23 PMNs, 63 lymphs, 11 monocytes, 3 eosinophiles.

The tumor was recognized as a malignant lymphoma, or so-called Burkitt tumor. This tumor constitutes approximately one-half of the total incidence of cancer in children of this area and was first described in 1958 by Dr. Dennis Burkitt and colleagues of the Makerere College Medical School at Kampala, Uganda. Recent epidemiologic studies have revealed that a wide belt of this tumor incidence extends across tropical Africa from the coast of Kenya and Tanganyika in the East to Senegal in the extreme West. Its incidence further appears to be altitude, temperature, and humidity-dependent, suggesting vector transmission of an infectious agent, probably viral. There does not appear to be any racial susceptibility; a few Asian children in the area have been affected and one such tumor has been reported which occurred in a child whose father was European and whose mother was half-caste. Although no cases have been reported in pure European children, statistical studies corrected to racial distribution make such an occurrence not unlikely. The tumor most commonly presents as a jaw mass, but is occasionally manifest as an abdominal mass, an intraspinal tumor, or as a tumor of the femur. I had occasion to see each of these four manifestations. The incidence around Sengerema and the southern border of Lake Victoria is especially high. This child was treated with intravenous methotrexate administration extended over a course of four days with almost complete clinical remission by the end of one week. (See figure 4.) Leukocyte count had fallen to its minimum 3,100 at the end of this time. The tumor showed evidence of recurrence by the end of 5 weeks, although in some cases remission may extend over a year or more. I was intrigued by this tumor, especially in view of the fact that it may very well be proven to be viral in origin. Electron microscopic studies are currently being undertaken to demonstrate viral particles in this tumor.

A second fascinating case which I should like to present was a seven-day-

(Continued on page 36)

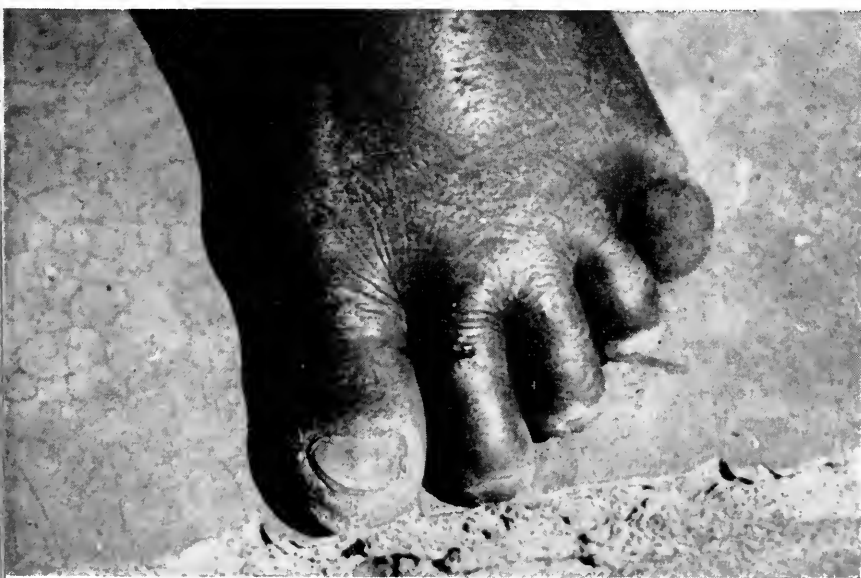


FIGURE 6: *Ainhum, a frequently seen medical curiosity at Sengerema.*



REGINALD MASON IS NAMED TENTH MARKLE SCHOLAR

A 31-year-old pathology instructor has become the 10th Markle Scholar in Academic Medicine at the UNC School of Medicine.

Dr. Reginald G. Mason Jr. has been selected as one of 25 Markle Scholars for 1965 by the John and Mary R. Markle Foundation of New York City. This year 68 faculty members were nominated for the awards by medical schools in the U.S. and Canada.

Each appointment provides a \$30,000 grant to the medical school where the scholar will teach and do research. Funds will be paid at the rate of \$6,000 a year for five years "to assist in his development as teacher, investigator and administrator."

Dr. Mason is a native of Washington, N. C., and is the son of Mr. and Mrs. R. G. Mason, now of Henderson. He is married to the former Donnie Payne of Winston-Salem, daughter of Mr. and Mrs. B. C. Elder.

He received a bachelor of science degree in 1957, a medical degree in 1962 and a doctor of philosophy degree in 1964, all at UNC. He was an intern and resident here from 1962 to 1964 and was appointed an instructor last July.

Other Markle Scholars on the UNC medical faculty are Dr. John B. Graham, Dr. Walter Hollander Jr., Dr. William D. Huffines, Dr. William E. Lassiter, Dr. George D. Penick, Dr. Isaac M. Taylor (now dean of the school), Dr. Judson Van Wyk, Dr. T. Franklin Williams and Dr. Robert Zeppa.

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— *A Career in Medicine* —

(Continued from page 20)

up for me one evening when I had the opportunity with others to dine with a famous British pathologist who commented that he couldn't imagine any other career in which a man can be paid to work at his hobby.

There is an argument one frequently hears with respect to the art of medicine vs. the science of medicine. In my opinion this is truly a straw man. Some years back a medical educator of note gave his definition of the art of medicine as "the translation of the basic sciences to the context of the problem of the patient in bed." This seems to me a precise definition and pre-empts the Aristotelian view of "either-or." In this definition there is a marriage between science and the care of the disabled, and the minister who helps implement this marriage is the physician. In this ministration the physician brings to bear not only what he has learned from the sciences—physical, biological, and psychological—and his basic motivation to help his fellow man, but he also brings that which he has learned from the histories of civilization and from a study of other cultures—their literature, their art and poetry, and the work of philosophers both ancient and more modern—and so in essence he brings to bear a humanism without which all else is likely to be sterile.

Lately, I want to make it clear that if one is interested in science, medicine is certainly not the *only* avenue. This would be patently untrue. There are many areas of science where one can find fulfillment. One need only remind oneself of the headlines of the past two weeks. Nor will I state that if one's motivation is to help one's fellow man, that medicine is the only avenue. A fine legislator with imagination may implement a dream with a House or Senate bill that may literally save more lives and diminish disability in a greater measure than could ever be accomplished by a single physician in his lifetime.

However, I can say that if one wishes a career that blends science with the opportunity to help one's fellow man, a sure way of achieving this is in the context of medicine and in any one of its many outlets.

There are many other things one would like to say, but time forbids. Let me assure you that we are at your service now and in the future, and if you feel we can help with advice or counsel at any time, we would be most grateful for the opportunity.

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Presenting the Faculty

Dr. James Frederick (Turk) Newsome, associate professor of surgery, is the organizer and director of the Tumor Clinic at N.C. Memorial Hospital.

His research interests lie primarily in the field of cancer and he is currently engaged in studying the problems of pituitary stalk section in breast cancer, the combined cytotoxic and hormonal treatment of breast cancer and intra-aortic infusion therapy for inoperable cancer.



He was a Fellow at the National Cancer Institute for a year during an interlude between serving as assistant resident in surgery and chief resident in surgery at UNC.

Dr. Newsome, a native of the state's northern coastal region, was born 42 years ago in Winton, the county seat of Hertford County.

He earned an A.B. degree in chemistry and his certificate in medicine at UNC in 1944 and 1947, respectively, and was awarded his M.D. degree at Vanderbilt University School of Medicine in 1949.

Following a year of internship at the Medical College of Virginia, he served for two years with the U.S. Air Force Medical Corps.

He was appointed an instructor in the UNC Department of Surgery in 1956 after a year as chief resident in surgery. He was promoted to assistant professor three years later and to associate professor last year.

Dr. Newsome is married to the former Alice Marie Bryant and they have three daughters, Kathy Bryant, Susan Robin and Elizabeth Cicely.

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Presenting the Faculty

Dr. Oscar LeMay Sapp III, assistant professor in the Department of Medicine and director of the medical school's weekly Two-Way Radio Medical Conference, is a transplanted Floridian.

He was born in Jacksonville, Fla., 39 years ago, but attended elementary school and received his high school diploma in Greensboro.

He is an alumnus of Guilford College (1942-44) and Wake Forest College (1944) and earned his M.D. at the Bowman Gray School of Medicine in 1944-47.

Following a one-year internship at Touro Infirmary in New Orleans, Dr. Sapp practiced general medicine for almost two years in the Guilford College community.

The U.S. Army Medical Service beckoned him during the Korean conflict. He was ordered direct from his basic orientation course at Brooke Army Medical Center at Fort Sam Houston, Tex., to Korea in 1951.

During his two years in Korea he was preventive medicine officer for headquarters of the First Cavalry Division, later for the 163d Medical Battalion and finally for headquarters of the X Corps.

He moved to Japan in a similar position with headquarters of the XVI Corps in 1952 and subsequently became commanding officer of the Corps' dispensary in Japan.

The Army returned him to the States in 1953 and he began a three-year residency in internal medicine at Walter Reed General Hospital in Washington, D. C.

He was transferred in 1956 to Womack Army Hospital at Fort Bragg as chief of gastroenterology. During his two-year assignment there, he was assigned briefly to duty with an Army medical section on Taiwan.

He retired (physical disability) as a major in the spring of 1958 and came to N.C. Memorial Hospital in Chapel Hill for two years as a trainee in gastroenterology.

He was appointed an instructor in the Department of Medicine in 1960 following his two-year traineeship. Two years later he was promoted to assistant professor.

Dr. Sapp is married to the former Inez Jones of Oteen and they have three daughters.





FIGURE 7: *Typical well-baby clinic scene.*

— *A Clinical Externship in Tanganyika* —

(Continued from page 31)

old infant who was brought in because of stiffness, restlessness and hyperirritability progressing to generalized tonic-clonic convulsions. The mother had received no prenatal care and the infant had been born on the floor of an African hut, the umbilical cord having been severed by a piece of glass. On admission, the child was seen to have obvious tetanus neonatorum with tonic muscular spasms, risus sardonicus and an infected umbilicus. (See figure 5.) The child was treated with penicillin, laudanum sedation, tetanus antitoxin and by attention to the local wound and gentle nursing care by the Sisters of Sengerema. Feeding was accomplished by nasogastric lavage. The infant's course was complicated by hemolytic anemia with jaundice and the development of paralytic ileus. He did survive the disease, although the general mortality rate for neonates is greater than fifty percent. This is presented as an example of a common problem at Sengerema. A decrease in the incidence of this disease will slowly come with the institution of medical education campaigns and prevention techniques in the area.

In addition to working on the wards, I was able to spend some time each day in the outpatient clinic. Here were seen many cases of shistosomiasis, malaria, osteomyelitis, tropical and chronic ulcers, anemia, gonorrhea, and a few cases of leprosy. Three or four fractures were seen in the clinic each week, often complicated fractures requiring admission. Although there are few automotive vehicles in the African bush, motor-accident trauma is fairly common, for the government employees who have access to Landrovers and lorries drive them at tremendous speeds on those dirt and gravel roads. An especially interesting entity

frequently seen in the outpatient clinic was ainhum, another disease of unknown etiology endemic to this region, whereby a painless constricting band forms around the little toe and causes it to gradually slough. (See figure 6.) Although the system is not ideal, the tremendous amount of work to be done at Sengerema makes it necessary that the outpatient division be handled by dressers and medical assistants, who consult with Dr. Oomen regarding difficult or complicated cases. Actually these medical assistants, although lacking in a knowledge of etiology and pathogenesis of disease, are generally rather adept in the long term treatment of the above-mentioned common conditions. Most of the medical assistants have worked in larger government hospitals for a couple of years to acquire training in this capacity. They often return for periods of upgrading and thereby come to achieve more responsible tasks. Such a delegation of responsibility lessens the burdens of the Mission doctors and achieves a great step towards Africanization.

About once each week, I would travel with Dr. Oomen to outlying rural dispensaries where the dresser would have available his complicated cases for examination. An opportunity is thereby provided for bringing the more serious cases to the hospital and to appraise the existing supplies and facilities at the local dispensaries. Dr. Oomen has only recently begun this system and participation by other qualified personnel is being actively sought by him. He has a real feeling for the preventive aspects of medicine and is currently in the process of beginning a system of communication among the physicians of the area in the form of a small periodical aimed at preventive techniques. He has instituted a well-baby clinic at Sengerema and pre-natal maternity care is also stressed there. Figure 7 shows a typical scene at the well-baby clinic.

Many of the Missions send their sisters on weekly excursions into the nearby



FIGURE 8: *Masai warriors obtaining blood from cattle.*



FIGURE 9: *A group of Masai women and children with kraal in background.*

bush to teach hygiene, sanitation, nutrition, and infant care. Our own Sister Tarsissus would each day trek into the bush loaded with equipment, to demonstrate how to wash infants or cook with a skillet. Tanganyika in general is quite lacking along these lines. There are no obligatory immunization requirements and instructional campaigns are limited. Such easily preventable diseases as smallpox, tetanus, and poliomyelitis remain great problems. We saw one case of severe smallpox whose contact had been at a large gathering for native dancing. Isolation techniques are poorly understood by the African. Unless severe, we usually preferred to send smallpox cases home for fear of exposing the entire hospital population. Smallpox is a reportable disease which requires inspection by the regional health inspector. I have heard that some of them call the disease chickenpox to keep from tracing down contacts. Nonetheless, one does see subtle pieces of evidence that preventive techniques are slowly coming to this part of the world.

I was able briefly to visit nearby Mission hospitals at Kibara and Bukumbi. These were quite similar to Sengerema in all respects. At Kibara, I saw a raging smallpox epidemic and the physician there was caring for two patients with extensive hemorrhage lesions. A rather unusual case seen there was a small child with many deep lacerations on his body who had been attacked by a pair of lions. Kibara lies near the opening passage of the famed Serengeti plains and the area is often teeming with wildlife. Even at Sengerema we had occasion to treat a man who had been attacked by hyenas after falling stuporous on the roadside from too much "pombe," or native beer. At Bukumbi I was able to see several more cases of malignant lymphoma, one of which had recently presented with paraplegia. I visited the nearby city of Mwanza where I met several of the gov-

ernment hospital staff physicians and was able to exchange ideas and gain firsthand information about medicine in Tanganyika.

Sengerema is involved in active teaching on a small scale. The hospital directs a school of midwifery and a two-year course of instruction is offered to a few students in laboratory technology. A task which I particularly enjoyed while at Sengerema was the teaching of chemistry to the aspiring laboratory technicians. The instruction was in English and since the terminology entailed in this topic created language problems for Dr. Oomen and Brother Oswald, who directed the laboratory facilities, this portion of the course was assigned to me. I met with the seven students each day and during my stay at Sengerema I was able to present the basic principles of general chemistry and progress to certain qualitative and quantitative principles to provide an understanding of the method and theory underlying the usual laboratory chemical determinations. I had typing and mimeographing materials available and made daily lecture notes for their use. I felt at the termination of this part of their instruction that I had been rather successful in conveying a basic understanding of this topic. The task was often embarrassing, however, for the students, in the old tradition, insisted on standing and greeting me in unison on my daily arrival and departure.

This externship was for me a most interesting and beneficial experience. I saw a tremendous amount of tropical pathology and gained a great deal of practical experience in the treatment of many of these tropical diseases. I saw most of the common entities and many of the bizarre and exotic. I was able to perform surgical procedures which actually were somewhat premature for me at this stage of my training. Most importantly, however, was the opportunity to see medicine practiced in a remote and underdeveloped area, where facilities, personnel, and specialization are limited. It was a great contrast to our own modern medical world. A physician in this area is a general practitioner in the true sense of the word. Dr. Oomen performed orthopedic procedures, cataract extractions, and cystoscopy as competently as he practiced general tropical medicine. I found the people engaged in tropical medicine quite sincere and devoted and it was inspiring to have worked with them.

On the fun and adventuresome side, I toured and camped in a great deal of this part of Africa with some local Peace Corps Volunteers. We photographed the great Serengeti herds of wildlife, including lions, elephants, and hippos. A black rhinoceros, for which the Serengeti is famous, charged our Landrover from behind, shaking us up a bit. Around Ngorongoro crater, we visited a few of the friendlier Masai villages. This tribe is interesting for its worship of cattle and its complete resistance to adopting Western methods. They subsist on a diet which consists almost exclusively of cow's blood and milk. The blood is obtained by piercing a neck vein with a small arrow, and each cow is bled weekly. (See figures 8 and 9.) Our safari ended at Mt. Kilimanjaro and we scaled a portion of its heights.

I should like to thank the people of Smith, Kline and French Laboratories for affording me such an opportunity. Because the travel from Tanganyika made it possible, I was fortunate to be able to take a senior year medicine elective in Neurology at The National Hospital, Queen Square, London. My special interest is in the neurosciences and it was exciting to clerk for a month at this famed neurological center. The entire venture was quite enlightening and most unforgettable.

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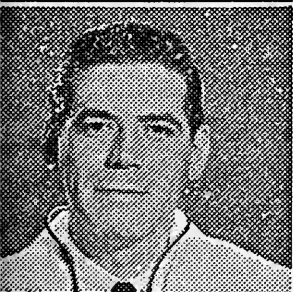
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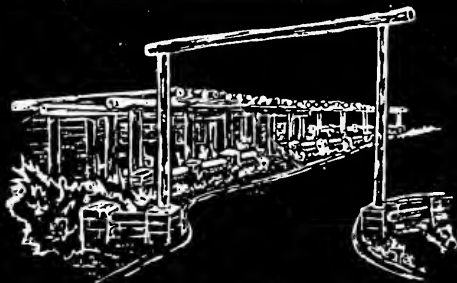
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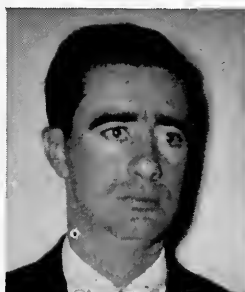
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